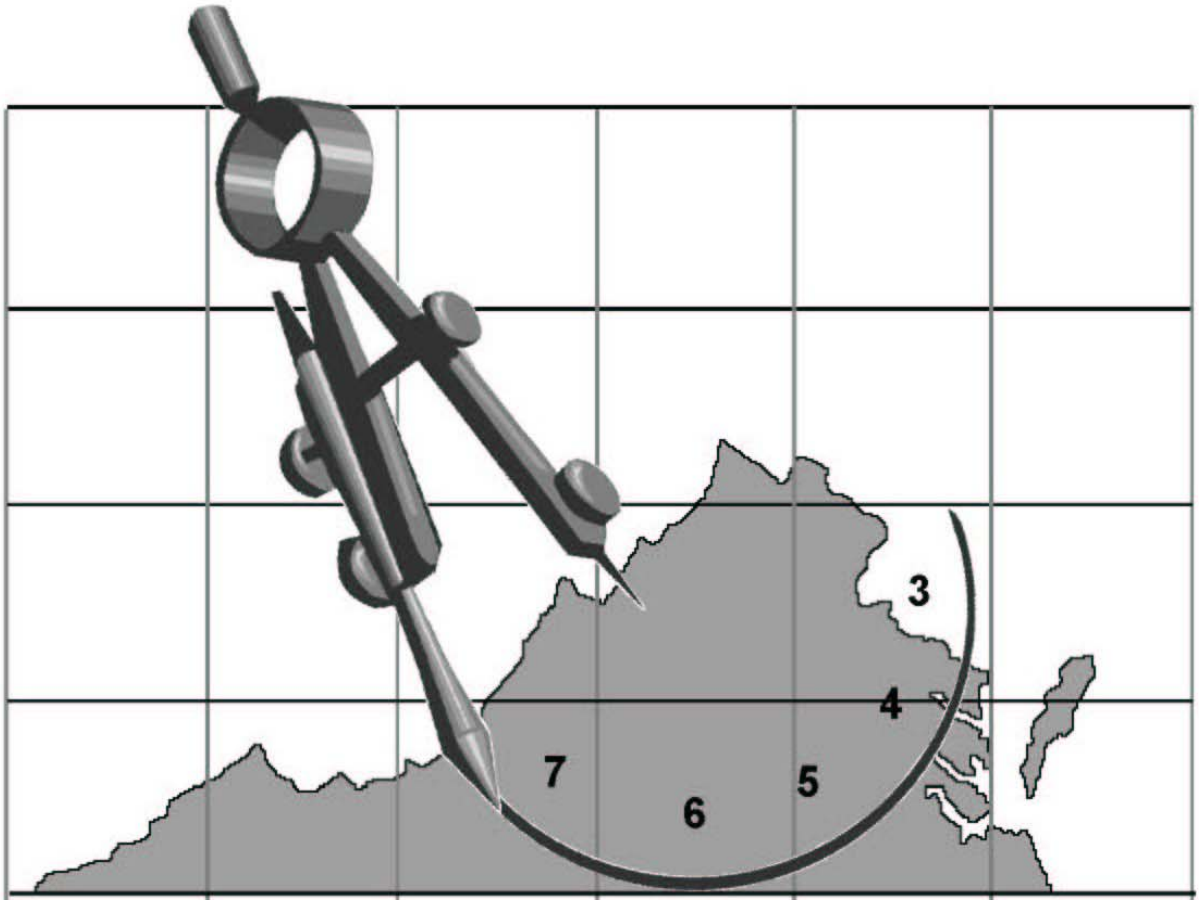


The Virginia State Plan for Aging Services

October 1, 2003 - September 30, 2007

Virginia Department for the Aging
1600 Forest Avenue, Suite 102, Richmond, VA 23229

Commonwealth of Virginia
Plan for Aging Services
October 1, 2003 – September 30, 2007

Table of Contents

Table of Tables

Table of Figures

VERIFICATION OF INTENT

The Virginia State Plan for Aging Services, funded under Title III and Title VII of the Older Americans Act, covers the period from October 1, 2003, to September 30, 2007. The Virginia Department for the Aging has been given the authority to administer the Title III and Title VII Programs in accordance with all requirements of the Older Americans Act, as amended, and is primarily responsible for the coordination of all state activities related to the purposes of the Act: the development of comprehensive and coordinated systems for the delivery of supportive services and nutrition services, and to serve as an effective and visible advocate for the elderly in the Commonwealth.

The Virginia Department for the Aging will conduct the activities outlined in this Plan in accordance with the Older Americans Act, as amended, and with the regulations, policies, and procedures established by the Assistant Secretary for Aging of the United States Administration on Aging.

Jay W. DeBoer Date June 19, 2003

Jay W. DeBoer, J.D. *Commissioner*
Virginia Department for the Aging

I hereby approve this State Plan for Aging Services funded under Title III and Title VII of the Older Americans Act and authorize its submission to the United States Administration on Aging.

Mark R Warner Date July 2, 2003

The Honorable Mark R. Warner, *Governor*
Commonwealth of Virginia

The Commonwealth of Virginia
State Plan for Aging Services
October 1, 2003 – September 30, 2007

INTRODUCTION

The Virginia Department for the Aging periodically develops a State Plan for Aging Services. This Plan is required by the federal Older Americans Act of 1965 (as amended), and its purpose is to help structure the Department's provision of services to older Virginians. This Plan is submitted to the federal Administration on Aging as Virginia's application to receive federal funds under the Older Americans Act and includes assurances that federal funds will be administered in accordance with current laws. This Plan covers a four-year period: October 1, 2003 through September 30, 2007.

Section I of this Plan presents an overview of Virginia's aging population. To help frame the population this Plan serves. It is important to understand the size and diversity of Virginia's older population. This section also includes data on the future of older Virginians: the Baby Boomer population.

Section II, Virginia's Aging Network, describes Virginia's Aging Network and the role of the Department for the Aging, the Commonwealth Council on Aging, and Virginia's 25 local Area Agencies on Aging (AAAs). Each plays a critical role in providing services and programs for older Virginians.

Section III, Plan Preparation Activities, describes the seven Listening Sessions the Department conducted to obtain the input of what older Virginians, their families, and their service providers had to say about Virginia's long-term care services system and the programs and services that frail older citizens needed if they were to maintain their independence and avoid inappropriate or premature institutionalization.

Section IV, State and Community Programs on Aging, provides an overview of the services and programs that are provided through the Department for the Aging, the 25 local AAAs, and other agencies and organizations that serve older citizens using federal Older Americans Act dollars and state General Fund dollars.

Section V, National Family Caregiver Support Program Objectives, describes Virginia's efforts to support the efforts of families and other informal caregivers who provide the majority of the care that frail older persons require to remain independent in their own homes or communities.

Section VI, Vulnerable Elder Rights Protection, describes the Department's programs to protect the rights of vulnerable older citizens. The Center for Elder Rights

serves as a focal point for information and counseling around a variety of legal and long-term care issues.

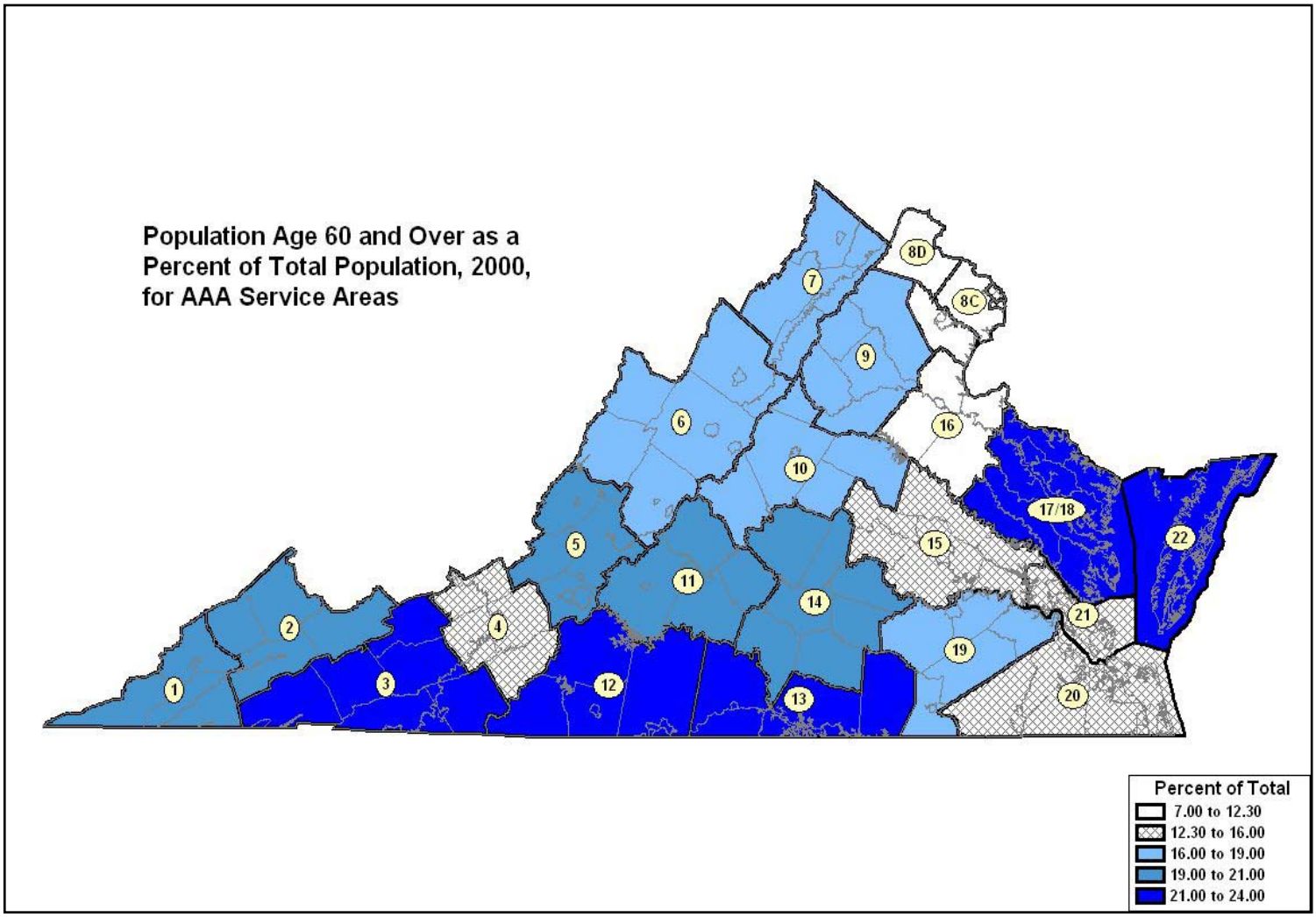
Section VII, Targeting, describes the Department's plans for targeting services to those older Virginians in greatest social economic need, minority older persons, and older persons living in rural communities.

Section VIII, Financial Plan – Intrastate Funding Formula, describes the formula that the Department uses to distribute federal and state funds to AAAs.

SECTION I VIRGINIA'S AGING POPULATION

Older Virginians in the 2000 Census

Figure 1. Geographic Distribution of Older Virginians



The 2000 population census reported 1,065,502 persons age 60 and over in Virginia, comprising 15.1 percent of the total population (see Table 1). Older Virginians' share of the total population varies across the Commonwealth among the 25 Area Agencies on Aging (AAA) planning and service areas, ranging from 7.6 to 23.7 percent of the total population (see Table 1 and Figure 1). The oldest, most frail group of older Virginians (age 85 and older) comprises roughly 8 percent of the total population age 60 and older. However, the oldest group's share of the total older population ranges from a low of 5.5 percent (in PSA 8E) to a high of 11 percent (in PSA 8A).

Almost thirty percent of older Virginians live in rural areas of the Commonwealth.

Table 1. Older Virginians in 2000 Census

AAA Region	Total Persons, All Ages	Total Persons, 60 & Over	Persons, 60 & Over, Percent of All Persons	Persons, Age 60 & over, in Rural Areas	Percent of all Older Virginians Living in Rural Areas	Total Persons, Ages 85+	Persons, 85 & Over, Percent of All Persons	Persons, 85 & Over, Percent of All 60 & Over Persons
1	91,019	18,625	20.5%	18,625	5.8%	1,637	1.8%	8.8%
2	118,279	22,580	19.1%	22,580	7.1%	1,722	1.5%	7.6%
3	190,020	41,656	21.9%	26,569	8.3%	3,580	1.9%	8.6%
4	165,146	25,373	15.4%	25,373	8.0%	2,177	1.3%	8.6%
5	264,541	54,208	20.5%	6,521	2.0%	5,368	2.0%	9.9%
6	258,789	47,686	18.4%	47,686	15.0%	4,280	1.7%	9.0%
7	185,282	33,764	18.2%	26,003	8.2%	2,666	1.4%	7.9%
8A	128,283	15,473	12.1%	0	0.0%	1,706	1.3%	11.0%
8B	189,453	23,509	12.4%	0	0.0%	2,518	1.3%	10.7%
8C	1,001,624	116,689	11.6%	0	0.0%	7,475	0.7%	6.4%
8D	169,599	13,927	8.2%	0	0.0%	993	0.6%	7.1%
8E	326,238	24,633	7.6%	0	0.0%	1,367	0.4%	5.5%
9	134,785	23,398	17.4%	9,854	3.1%	1,834	1.4%	7.8%
10	199,648	32,634	16.3%	7,849	2.5%	2,697	1.4%	8.3%
11	228,616	43,833	19.2%	2,756	0.9%	3,984	1.7%	9.1%
12	250,195	53,091	21.2%	29,389	9.2%	4,413	1.8%	8.3%
13	88,154	19,581	22.2%	19,581	6.1%	1,590	1.8%	8.1%
14	97,103	19,439	20.0%	19,439	6.1%	1,828	1.9%	9.4%
15	865,941	125,392	14.5%	1,207	0.4%	10,990	1.3%	8.8%
16	241,044	27,724	11.5%	3,885	1.2%	2,123	0.9%	7.6%
17/18	133,037	31,501	23.7%	23,195	7.3%	2,828	2.1%	9.0%
19	167,129	29,341	17.6%	10,934	3.4%	2,444	1.5%	8.3%
20	1,078,642	143,369	13.3%	5,341	1.7%	11,128	1.0%	7.8%
21	454,550	66,152	14.6%	0	0.0%	4,811	1.1%	7.3%
22	51,398	11,924	23.2%	11,924	3.7%	1,107	2.2%	9.3%
State Total	7,078,515	1,065,502	15.1%	318,711	100.0%	87,266	1.2%	8.2%

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Table PCT 12, aggregated by the Virginia Department for the Aging, 2002. Rural definition based on VDA guidelines, not Census Bureau criteria.

Virginia's older population (age 60 and over) increased by 17.1 percent between 1990 and 2000, from 909,906 to 1,065,502 persons (see Table 2). The number of older Virginians of racial and ethnic minority groups (i.e. all non-whites and white Hispanics) grew at twice the rate of older white, non-Hispanic Virginians over the decade, reflecting the increasing diversity of the total population. Virginia's population age 60 and under is comprised of a higher percentage (68.4 percent) of minority and Hispanic persons than the population over the age of 60 (80.1 percent), reflecting greater racial and ethnic diversity in Virginia's younger population (see Table 3). As Virginia's population continues to age, the racial and ethnic composition of its older population will more closely resemble the greater racial and ethnic diversity of today's younger population.

Table 2. Total Population Change by Age Group, 1990 – 2000
Source: U.S. Bureau of Census, 1990 Census of Population, Summary File 1, Table P 11; 2000 Census of Population, Summary File 1, Table P 12.

Age Group	1990		2000		Population Change, 1990 – 2000	Percent Population Change, 1990 – 2000
	Census	Percent of Total Population	Census	Percent of Total Population		
60-64	245,436	3.97	273,169	3.86	27,733	11.3
65-69	228,730	3.70	229,553	3.24	823	.4
70-74	171,892	2.78	202,903	2.87	31,011	18.0
75-79	125,298	2.03	166,178	2.35	40,880	32.6
80-84	78,841	1.27	106,433	1.50	27,592	35.0
85+	59,709	0.97	87,266	1.23	27,557	46.1
Total	6,187,358	100.00	7,078,515	100.00	891,157	14.4
Age 60 & over	**909,906**	**14.7**	**1,065,502**	**15.1**	**155,596**	**17.1**
Age 75 & over	263,848	4.3	359,877	5.1	96,029	36.4

Almost 20 percent of Older Virginians are a racial or ethnic minority (see Table 3). However, the racial and ethnic diversity of Virginia's older population is unevenly distributed geographically among the 25 AAA planning and service areas. The black, non-Hispanic population comprises the largest minority group among the elderly, comprising 15.5 percent of the total, followed by the Asian, non-Hispanic population (2.1 percent). The black, non-Hispanic minority population comprised greater than 95 percent of the older minority population in PSAs 12, 13, 14, 19 and 22 (i.e. "Southside" and "Eastern Shore" Virginia). In contrast, in PSAs 1, 8-B, 8-C, and 8-D (the far Southwest part of the state and much of Northern Virginia), the black non-Hispanic elderly make up less than 50 percent of the minority elderly population, while the Asian non-Hispanic elderly make up much larger shares (e.g. up to 49.3 percent of the minority elderly in PSA 8C).

Table 3. Racial and Ethnic Composition of Older Virginian Population by AAA – PSA, 2000

AAA-PSA	Total Population, Age 60 & Over	White, Non-Hispanics 60 & over	White Hispanics 60 & over	Black, Non-Hispanics 60 & over	Asian, Non-Hispanics 60 & over	Other Minorities 60 & over	All Hispanics 60 & over	Percent Minority for 60 & over Population
1	18,625	18,231	55	163	20	156	60	2.1%
2	22,580	22,078	73	258	29	142	79	2.2%
3	41,656	40,565	149	664	41	237	179	2.6%
4	25,373	24,205	111	809	78	170	128	4.6%
5	54,208	48,751	143	4,670	218	426	195	10.1%
6	47,686	45,427	198	1,638	99	324	259	4.7%
7	33,764	32,213	143	1,105	95	208	191	4.6%
8A	15,473	11,249	400	2,582	700	542	676	27.3%
8B	23,509	18,012	971	2,085	1,501	940	1,579	23.4%
8C	116,689	93,600	3,530	4,804	11,394	3,361	5,142	19.8%
8D	13,927	11,878	224	991	559	275	348	14.7%
8E	24,633	19,720	526	2,604	989	794	915	19.9%
9	23,398	20,213	109	2,809	78	189	141	13.6%
10	32,634	27,623	156	4,404	210	241	211	15.4%
11	43,833	37,050	123	6,205	108	347	172	15.5%
12	53,091	43,100	148	9,439	84	320	226	18.8%
13	19,581	12,822	53	6,525	23	158	86	34.5%
14	19,439	12,777	52	6,400	37	173	100	34.3%
15	125,392	93,455	569	28,476	1,472	1,420	872	25.5%
16	27,724	22,808	194	4,055	263	404	280	17.7%
17/18	31,501	24,727	79	6,329	59	307	118	21.5%
19	29,341	18,547	116	10,185	216	277	182	36.8%
20	143,369	98,717	937	38,438	3,448	1,829	1,443	31.1%
21	66,152	47,425	409	16,433	1,031	854	668	28.3%
22	11,924	8,485	25	3,257	14	143	73	28.8%
Virginia	1,065,502	853,678	9,493	165,328	22,766	14,237	14,323	19.9%
Pct of Total, 60 + Pop.		80.1%	0.9%	15.5%	2.1%	1.3%	1.3%	

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Tables P 12-A to P 12-I, data assembled by the Virginia Department for the Aging, 2002.

The 2000 Census reveals that 20 percent of Virginia's 60 and over population is minority whereas, nearly 32 percent of the population under age 60 is minority (see Table 4). Virginia's growing minority population has a younger age structure than the white, non-Hispanic population (see Table 5). The increase in minority persons age 60 and over between 1990 and 2000 represented only 7.2 percent (48,004 minority change age 60 and over divided by 668,481 total minority change) of the minority population increases in the Commonwealth over the past decade. In contrast, increases over the decade among older (age 60 and over) white, non-Hispanic Virginians represented 41 percent (107,691 non-minority change age 60 and over divided by 263,987 total non-minority change) of the total increase in Virginia's white, non-Hispanic population (see Table 6).

Table 4. Racial Composition of Virginia's Population, by Age Group, 2000

Population Group	Total Population	Population, Age 60 & Over	Population, Under Age 60	Percent, Age 60 & Over
Total Population	7,078,515	1,065,502	6,013,013	15.1 %
White, Non-Hispanic Population	4,965,637	853,678	4,111,959	17.2 %
All Minorities Combined	2,112,878	211,824	1,901,054	10.0 %
Percent Minority	29.9 %	19.9 %	31.6 %	
Percent White, Non-Hispanic	70.1%	80.1 %	68.4 %	

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Tables P 12, P 12-I.

Table 5. Minority Population Change by Age Group, 1990 – 2000

Age Group	1990		2000		Population Change, 1990 – 2000	Percent Population Change, 1990 – 2000
	Estimate from Census*	Percent of Total Population	Census	Percent of Total Population		
0-17	432,797	29.96	625,779	29.62	192,982	44.6
18-54	835,596	58.12	1,198,947	56.74	359,351	42.8
55-59	50,390	3.49	76,328	3.61	25,938	51.5
60-64	45,783	3.17	59,604	2.82	13,821	30.2
65-69	42,127	2.92	48,889	2.31	6,762	16.1
70-74	30,920	2.14	39,719	1.88	8,799	28.4
75-79	22,644	1.57	29,895	1.41	7,251	32.0
80-84	12,627	.87	18,485	.87	5,858	46.4
85+	9,719	.67	15,232	.72	5,513	56.7
Total	**1,444,397**	**100.00**	**2,112,878**	**100.00**	**668,481**	**46.3**
Age 60 & over	**163,820**	**11.34**	**211,824**	**10.02**	**48,004**	**29.3**
Age 75 & over	44,990	3.11	82,097	3.88	37,107	82.5

* Hispanic status by age and race not reported in 1990 Census. Hispanic white population age distribution included in Minority Population estimated by VDA staff by applying age distribution reported for all Hispanics to the Census-reported total white Hispanic population (90,089).

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Tables 12, 12-I. Table 5 derived by VDA by subtracting SF-1 Table 12-I (white only, non-Hispanic population) from SF-1 Table 12 (Total Population).

Table 6. White Only, Non-Hispanic Population Change by Age Group, 1990 – 2000

Age Group	1990		2000		Population Change, 1990 – 2000	Percent Population Change, 1990 – 2000
	Estimate from Census*	Percent of Total Population	Census	Percent of Total Population		
0-17	1,071,941	22.80	1,112,483	22.40	40,542	3.78
18-54	2,675,911	56.91	2,717,362	54.72	41,451	1.55
55-59	207,812	4.41	282,114	5.68	74,302	35.75
60-64	199,654	4.25	213,565	4.30	13,911	6.96
65-69	186,603	3.97	180,664	3.64	-5,939	-3.18
70-74	140,972	3.00	163,184	3.29	22,212	15.76
75-79	102,654	2.18	136,283	2.74	33,629	32.76
80-84	66,114	1.41	87,948	1.77	21,834	33.02
85+	49,990	1.06	72,034	1.45	22,044	44.10
Total	**4,701,650**	**100.00**	**4,965,637**	**100.00**	**263,987**	**5.61**
Age 60 & over	**745,987**	**15.87**	**853,678**	**17.19**	**107,691**	**14.43**
Age 75 & over	218,758	4.65	384,213	7.74	165,455	75.63

* Hispanic status by age and race not reported in 1990 Census. Non-Hispanic white population by age estimated by subtracting estimated white Hispanic population by age from Census-reported total white population by age.

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Table 12-I.

The Growth of the Older Virginian Population

The latest Virginia population projections show a continuation of the growth in the total older Virginian population and its percentage of the total state population (see Table 7). The largest increases are expected over the next two decades as the large population group known as the "Baby-Boom Generation" (i.e. those persons born between 1946 and 1964) advances toward the age 60 eligibility threshold of the Older Americans Act (see Table 8). In only a few years, the number of older Virginians will increase rapidly as the number of Virginians in the Baby-Boom cohort gradually decline, passing the age 60 threshold. However, the impact of the aging of the "Baby-Boomer" population will not be felt evenly across the state.

The senior population of the future is today's "Baby-Boomer" population. The growth of the older population will vary significantly across the state. Those areas of the Commonwealth with higher concentrations of "Baby-Boomers" in 2000 relative to the existing population age 60 and over (see Table 9) will begin experiencing more dramatic increases in the age 60 and over population in 2006 when the first "Baby-Boomers" turn 60 years of age. For example the Prince William area has over four times as many "Baby-Boomers" as to the existing 60 and over population in the area.

Table 7. Projected Growth of the Older Virginian Population

Population Group	1990	2000	2003	2007	2010	2020	2030
Total Population	6,187,358	7,078,515	7,519,849	7,920,970	7,737,595	8,241,850	10,148,964
Population, Age 60 & over	909,906	1,065,502	1,249,357	1,415,609	1,540,299	2,101,193	2,611,774
Percent of Total Population	14.71%	15.05%	16.6%	17.9%	19.91%	25.49%	25.73%

Source: U.S. Bureau of the Census, Decennial Census of Population and Housing: 1980, 1990, 2000: General Characteristics of the Population; Virginia Employment Commission, Preliminary Local Population Projections, 2010 – 2030, June, 2002. 2003 and 2007 projections interpolated by VDA from VEC projection data.

Table 8. Aging of Virginia's Baby-Boom Population

Year	Age Range of Year 2000 Baby-Boom Group	"Survived" 2000 Baby-Boom Cohort	"Survived" 2000 Age 60 & Over Cohort	Ratio
2000	36 - 54	2,078,199	1,065,502	1.950
2003	39 - 57	2,057,052	1,291,378	1.593
2006*	**42 - 60**	**2,030,373**	**1,418,238**	**1.432**
2010	46 - 64	1,983,501	1,592,044	1.246
2020	56 - 74	1,789,340	1,865,056	0.959
2030	66 - 84	1,390,393	2,139,359	0.650

* 2006 = oldest Baby-Boomers, born in 1946, turn age 60.

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Table P 12 PCT; Virginia Department for the Aging, Elderly Cohort Survival Projections, 2000 – 2030, 2003, published on the Internet at www.aging.state.va.us.downloadable.htm.

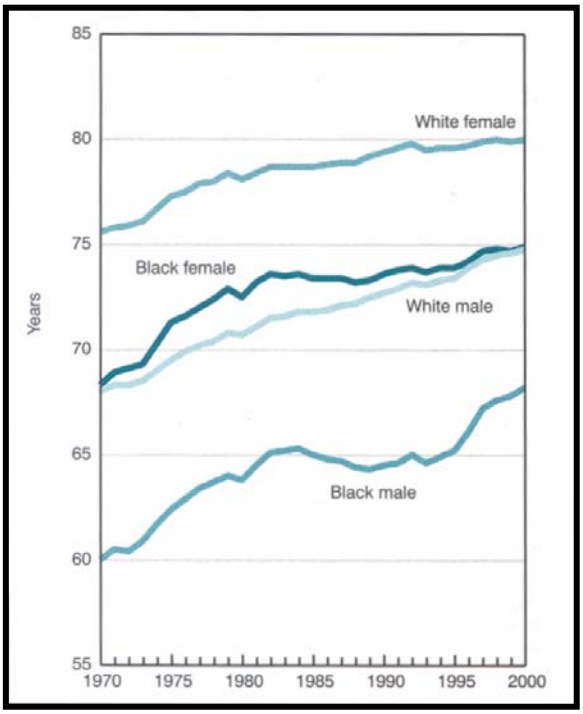
Table 9. Regional Concentrations of "Baby-Boomer" Populations, 2000

PSA	Total Population	Age 60+ Population	Regional Ranking 60+ Population	Baby-Boomers, Age 36 - 54	Regional Ranking "Baby Boomer" Population	Ratio of Baby-Boomers to 60+ Population
1	91,019	18,625	22	25,819	23	1.386
2	118,279	22,580	19	36,081	21	1.598
3	190,020	41,656	9	54,022	15	1.297
4	165,146	25,373	15	39,026	18	1.538
5	264,541	54,208	5	78,016	6	1.439
6	258,789	47,686	7	69,642	9	1.460
7	185,282	33,764	10	54,338	14	1.609
8A	128,283	15,473	23	37,877	20	2.448
8B	189,453	23,509	17	54,397	12	2.314
8C	1,001,624	116,689	3	328,158	1	2.812
8D	169,599	13,927	24	54,211	13	3.893
8E	**326,238**	**24,633**	**16**	**99,373**	**5**	**4.034**
9	134,785	23,398	18	41,732	17	1.784
10	199,648	32,634	11	55,915	11	1.713
11	228,616	43,833	8	64,626	10	1.474
12	250,195	53,091	6	71,604	8	1.349
13	88,154	19,581	20	24,883	24	1.271
14	97,103	19,439	21	26,652	22	1.371
15	865,941	125,392	2	262,943	3	2.097
16	241,044	27,724	14	72,882	7	2.629
17/18	133,037	31,501	12	38,192	19	1.212
19	167,129	29,341	13	47,077	16	1.604
20	1,078,642	143,369	1	300,059	2	2.093
21	454,550	66,152	4	126,754	4	1.916
22	51,398	11,924	25	13,920	25	1.167
Virginia	**7,078,515**	**1,065,502**	**-**	**2,078,199**	**-**	**1.950**

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Table P 12 PCT; Virginia Department for the Aging, 2002.

Increasing Life Expectancy

Figure 2. Life Expectancy by Race and Sex: United States, 1970 – 2000[1]



Another factor contributing to the rapid growth of the older Virginian population is the increasing life expectancy of the older population resulting from advances in medical technology, geriatric care, healthier life styles, etc. (see Figure 2). A majority of older Virginians, like older Americans, is female, reflecting the higher survival rates for older females over older males (see Table 10 and Figure 3).

In 2000, life expectancy in the United States for females was 79.5 years, while for males it was 74.1 years (see Figure 2).[2] "The difference in life expectancy between males and females in the United States narrowed from 5.5 years in 1999 to 5.4 years in 2000. This narrowing was due to greater improvements in mortality for males for cancer, chronic lower respiratory diseases, heart disease, Alzheimer's disease, and HIV disease."[3]

Table 10. U.S. Life Expectancies, by Age, Race and Sex, 2000[4]

	All Races			White			Black		
Age	Total	Male	Female	Total	Male	Female	Total	Male	Female
At Birth	76.9	74.1	79.5	77.4	74.8	80.0	71.7	68.2	74.9
55	25.7	23.8	23.8	25.9	24.0	27.5	23.0	20.7	24.9
60	21.6	19.9	19.9	21.8	20.0	23.2	19.4	17.5	21.0
65	17.9	16.3	16.3	17.9	16.3	19.2	16.2	14.5	17.4
70	14.4	13.0	13.0	14.4	13.0	15.5	13.1	11.7	14.1
75	11.3	10.1	10.1	11.3	10.1	12.1	10.5	9.4	11.2
80	8.6	7.6	7.6	8.5	7.6	9.1	8.2	7.3	8.6
85	6.3	5.6	5.6	6.2	5.5	6.6	6.3	5.7	6.5
90	4.7	4.1	4.1	4.5	4.0	4.7	4.8	4.5	4.8

[1] Source: U.S. Department of Health and Human Services, National Center for Health Statistics, National Vital Statistics Reports, "Deaths: Final Data for 2000", Vol. 50, No15, September 16, 2002, page 7.
[2] U.S. Center for Disease Control, National Vital Statistics Reports, "Deaths: Final Data for 2000", Vol. 50, No. 15, Sept. 16, 2002, page 6.
[3] Ibid, page 9.
[4] Source: U.S. Center for Disease Control, NVSR Volume 50, No. 15: Deaths: Final Data for 2000, Table 7. Life expectancy at selected ages by race and sex: United States, 2000, page 25.

	All Races			White			Black		
Age	Total	Male	Female	Total	Male	Female	Total	Male	Female
95	3.5	3.1	3.1	3.3	2.9	3.3	3.7	3.6	3.6
100	2.6	2.4	2.4	2.4	2.2	2.4	2.8	2.9	2.7

Note: Life expectancy data are not available for Hispanic or Asian populations.

The most current national data on life expectancies by age, race and sex show an average life expectancy at birth for all persons of 76.9 years. Generally speaking, life expectancies by age are higher for females over males, and higher for white persons over black persons. For the oldest black persons over age 85 however, the average life expectancy is higher than for white persons of the same age group.

In 2000, "life expectancy at birth rose by 0.2 year, achieving a record high of 76.9 years. Considering all deaths, age-specific death rates rose only for those 45-54 years and declined for a number of age groups, including 1-4 years, 55-64 years, 65-74 years, 75-84 years and 85 years and over…. Decreasing trends for heart disease, cancer, stroke, accidents, and homicide continue. Increasing trends for Alzheimer's disease and hypertension persist." (U.S. Center for Disease Control, NVSR Vol 50, No. 15: Deaths: Final Data for 2000).

Gender Composition

Older Virginian (age 60 and over) women outnumber men by 33 percent (see Table11). However, the difference in the number of females relative to the number of males in the same age group has been declining, reflecting an historic national trend of converging mortality risk for older males and females. A continuation of this trend is reflected in the continued drop in female: male population ratios shown in Figure 3.

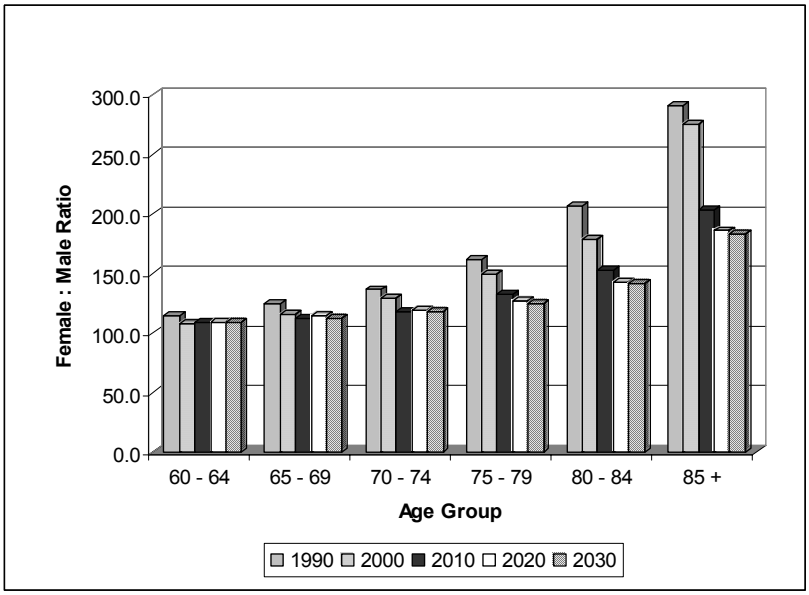
Table 11. Gender Composition of Older Virginians, by Age Group, 2000

	Older Virginians, by Gender and Age Group							Total Population, All Ages
Census 2000	**60 - 64**	**65 - 69**	**70 - 74**	**75 - 79**	**80 - 84**	**85 +**	**Total 60 & over**	
Males	131,325	106,358	88,436	66,572	38,221	23,214	**454,126**	3,471,895
Percent	48.07%	46.33%	43.59%	40.06%	35.91%	26.60%	**42.62%**	49.05%
Females	141,844	123,195	114,467	99,606	68,212	64,052	**611,376**	3,606,620
Percent	51.93%	53.67%	56.41%	59.94%	64.09%	73.40%	**57.38%**	50.95%
Total	273,169	229,553	202,903	166,178	106,433	87,266	**1,065,502**	7,078,515
Female: Male Ratio	1.08	1.16	1.29	1.50	1.78	2.76	**1.35**	1.04

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Table P 12, Age by Sex.

Figure 3. Changing Gender Ratios, by Age Cohort, for Older Virginians, 1990 – 2030

Source: Virginia Department for the Aging, based on historic census data for 1990 and 2000 and Virginia Employment Commission's Preliminary Local Population Projection data (6/2002) for 2010, 2020 and 2030.



Marital Status of Older Virginians

Changes in the marital status of older Virginians (age 65 and over) between 1990 and 2000 generally followed national trends, with declines in the percentage of married older persons and increases among divorced, widowed and separated persons (see Table 12).

Table 12. Marital Status of Older Persons Age 65 & Over, 1990 – 2000

AREA	Married (%)	Divorced (%)	Widowed (%)	Separated (%)	Never Married (%)
Virginia, 1990	56.6	6.3	32.3	1.7	3.3
Virginia, 2000	50.9	6.7	33.3	5.0	4.1
United States, 1990	53.3	5.3	35.2	1.1	5.1
United States, 2000	51.0	7.2	32.4	5.1	4.4

Sources: U.S. Bureau of Census, 2000 Census: Summary File 3, Table PCT 7: Sex by Marital Status by Age for Population 15 years and over; 1990 Census of Population and Housing: Special Tabulation on Aging, Table P 60, Marital Status for Persons Age 65 and Over.

Living Arrangements[5]

Almost 95 percent (749,027 of 792,333) Virginians, age 65 and over, live in a private household setting, while 5.5 percent (43,306 of 792,333 persons) live in group quarters housing. A breakdown by age group for the older household population is provided in Table 13.

[5] Available 2000 Census data are limited to living arrangement and household characteristics for the 65 and older population. Special tabulation data, which should provide insight to characteristics for the age 60 and over population, are not yet available.

Table 13. Summary Data on Older Virginians Living in Households

Householder, Age 65-74		**Householder, Age 75-84**		**Householder, Age 85 and over**		**Total Householders, Age 65 and over**	
Persons	Pct of Total	Persons	Pct of Total	Persons	Pct of Total	**Persons**	Pct of Total
425,265	56.8 %	255,857	34.2 %	67,905	9.0 %	**749,027**	100.0 %
Households	Pct of Total	Households	Pct of Total	Households	Pct of Total	Households	Pct of Total
273,675	54.5 %	180,605	35.9 %	48,338	9.6 %	502,618	100.0 %
Average Household Size		Average Household Size		Average Household Size		Average Household Size	
1.55		**1.42**		**1.40**		**1.49**	

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 1, Tables PCT 13, P20.

For all households with a head of household ("householder") age 65 and over, the average household size is 1.49 persons per household. Average household size varies based on the age of the householder, ranging from 1.55 to 1.40 persons per household among the three older age groups (i.e. "65 – 74", "75 – 84" and "85 and over") (see Table 13). Household size also varies based on the presence of other family members with the older householder, with a state average household size for older "family" households of 1.85 (see Table 14). Among "non-family" households (which comprise 45 percent of all "older" households), a significant majority (96.4 percent) of the householders live alone. This pattern is consistent across the Commonwealth and reflects an increase over 1990 levels, when one person occupied 93.7 percent of all non-family households.

Table 14. Household Type by Relationship for Population Age 65 and Over, 2000

AAA-PSA	Total Population 65 years & over	Population 65 & over, in Households	Total Households, Householder 65 years & over	Total, 65 & over, in Family Households	Total Family Households	Average Family Household Size	Total Population in non-Family Households	Pct of non-Family Households with Live Alone	Persons Age 65 & over, in Group Quarters
1	14,038	13,259	9,599	8,516	4,919	1.73	4,743	98.6%	779
2	16,349	15,540	11,102	10,238	5,885	1.74	5,302	98.5%	809
3	31,492	45,543	21,001	29,702	16,261	1.83	15,841	95.8%	2,934
4	33,132	31,221	20,990	21,920	11,953	1.83	9,301	96.3%	1,911
5	42,396	39,252	27,250	25,878	14,209	1.82	13,374	97.0%	3,144
6	36,094	313,396	22,798	207,233	111,793	1.85	106,163	96.0%	21,386
7	32,406	30,322	20,931	20,326	11,159	1.82	9,996	96.9%	2,084
8A	11,393	10,458	7,495	6,037	3,226	1.87	4,421	95.8%	935
8B	17,215	16,342	11,694	9,565	5,088	1.88	6,777	95.4%	873
8C	79,991	77,166	47,665	57,455	28,741	2.00	19,711	95.8%	2,825
8D	9,344	8,854	5,512	6,415	3,157	2.03	2,439	93.1%	490
8E	15,264	14,464	8,671	10,660	5,046	2.11	3,804	95.5%	800
9	17,301	16,335	10,630	12,134	6,558	1.85	4,201	95.7%	966
10	24,375	22,904	15,258	16,077	8,698	1.85	6,827	95.5%	1,471
11	33,249	31,049	21,213	21,404	11,885	1.80	9,645	96.5%	2,200
12	40,119	38,270	26,692	25,630	14,337	1.79	12,640	97.7%	1,849
13	14,922	14,043	10,031	9,135	5,244	1.74	4,908	96.6%	879
14	14,880	14,001	9,829	9,371	5,364	1.75	4,630	95.9%	879
15	95,553	89,985	60,856	61,188	32,777	1.87	28,797	96.5%	5,568
16	19,733	18,667	12,065	13,325	6,944	1.92	5,342	94.1%	1,066
17/18	24,040	22,734	15,486	16,163	9,040	1.79	6,571	97.4%	1,306
19	22,159	20,971	14,617	14,044	7,809	1.80	6,927	96.3%	1,188
20	107,782	102,003	67,840	70,887	37,720	1.88	31,116	95.5%	5,779
21	49,310	46,820	31,557	32,594	17,764	1.83	14,226	96.3%	2,490
22	9,300	8,883	6,261	5,931	3,393	1.75	2,952	96.1%	417
Total	**790,567**	**747,467**	**504,099**	**514,451**	**277,647**	**1.85**	**233,016**	**96.4 %**	**43,100**

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 3 (sample-based), Table P 11.
Note: Related data items in Tables 2 & 11, which are based on the 100% census count, may not match due to sampling errors inherent in Summary File 3 data.

A significant majority (81.2 percent) of the 43,306 older Virginians (i.e. age 65 and over) that live in group quarter facilities are residents of nursing homes, while an additional 17.9 percent (7,777 persons) lived in other "non-institutional" group quarters.[6]

More than 40 percent of Virginia's grandparents that lived with their grandchild (under age 18) in 2000 were responsible for their care (see Table 15). However, only 3.4 percent of all grandparents lived with a grandchild under the age of 18.

---

[6] Definitional changes implemented for the 2000 Census accounted for many residents of adult care homes or assisted living facilities being reported as "living alone" in a non-family household setting since the licensed capacity of state licensed assisted living facilities in Virginia at the time of the 2000 Census was approximately 30,000 beds.

Table 15. Grandparents Living with Grandchildren under 18 Years of Age with Responsibility for Minors

Grandparents, by Grandchild Responsibility Status, 2000	Virginia			United States
	Number	Percent	Percent	Percent
Total Persons, 30 years and over, in Households	4,071538	100.0		100.0
Living with own grandchildren under 18 years	140,015	3.4		3.6
Grandparents responsible for own grandchildren under 18 years	**59,464**	**42.5**	**100.0**	**42.0**
Length of time:				
Less than 6 months	6,254		10.5	12.1
6 to 11 months	5,889		9.9	10.8
1 or 2 years	13,252		22.3	23.2
3 or 4 years	8,892		15.0	15.4
5 years or more	25,177		42.3	38.5
Grandparent not responsible for own grandchildren under 18 years	80,551	57.5		58.0
Not living with own grandchildren under 18 years	3,931,523	96.6		96.4

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 3, Table PCT 8: Grandparents Living With Own Grandchildren Under 18 Years by Responsibility for Own Grandchildren by Length of Time Responsible for Grandchildren for the Population 30 Years and Over in Households.

Income and Poverty Status

Forty-three percent of Virginia's households with a householder age 65[7] and over reported in the 2000 census earning less than $25,000 in 1999[8] (see Table 16) compared to the national average of 47.1 percent; while 15 percent of Virginia's older households earned more than $75,000 per year, compared to the national average of 11.8 percent.

A comparison of changes in older Virginian and United States household income distributions (see Table 17) based on current dollar values in 1989 and 1999, shows a higher percentage of older Virginians in the highest and lowest income brackets and fewer older persons in the lower-middle income range. Considering the reduced buying power of incomes in 1999 relative to the 1989 cost of living, the increased share in the lowest income group over the decade indicates a larger share of the older Virginians facing difficult economic challenges.

[7] Income and poverty status data for the population age 60 and over are not available from census data released so far.
[8] The census questionnaire bases reported annual income on the amount of income received for the full calendar year preceding the census (i.e. for Census 2000, "the total annual income for 1999").

Table 16. Age of Householder by Household Income in 1999

Household Income	Total Householders, 65 – 74 years	Percent of Total	Total Householders, 75 years & over	Percent of Total	Total Householders, 65 and over	Virginia, Percent of Total	U.S. Percent of Total
Virginia	275,920	100.0%	228,179	100.0%	504,099	**100.0%**	100.0%
Less than $10,000	31,838	11.5%	41,094	18.0%	72,932	**14.5%**	15.0%
$10,000 - $14,999	24,473	8.9%	31,097	13.6%	55,570	**11.0%**	12.2%
$15,000 - $19,999	23,388	8.5%	24,315	10.7%	47,703	**9.5%**	10.6%
$20,000 - $24,999	21,694	7.9%	19,720	8.6%	41,414	**8.2%**	9.3%
$25,000 - $29,999	20,324	7.4%	16,333	7.2%	36,657	**7.3%**	7.9%
$30,000 - $34,999	18,648	6.8%	13,519	5.9%	32,167	**6.4%**	6.8%
$35,000 - $39,999	16,965	6.1%	11,636	5.1%	28,601	**5.7%**	5.7%
$40,000 - $44,999	14,724	5.3%	9,673	4.2%	24,397	**4.8%**	4.8%
$45,000 - $49,999	12,558	4.6%	7,929	3.5%	20,487	**4.1%**	4.0%
$50,000 - $59,999	20,601	7.5%	13,032	5.7%	33,633	**6.7%**	6.1%
$60,000 - $74,999	21,948	8.0%	12,458	5.5%	34,406	**6.8%**	5.9%
$75,000 - $99,999	20,907	7.6%	12,156	5.3%	33,063	**6.6%**	5.1%
$100,000 - $124,999	10,457	3.8%	5,907	2.6%	16,364	**3.2%**	2.5%
$125,000 - $149,999	5,757	2.1%	3,001	1.3%	8,758	**1.7%**	1.3%
$150,000 - $199,999	5,608	2.0%	2,565	1.1%	8,173	**1.6%**	1.2%
$200,000 or more	6,030	2.2%	3,744	1.6%	9,774	**1.9%**	1.7%

Source: U. S. Bureau of Census, 2000 Census of Population, Summary File 3, Table P 55. Age of householder by household income in 1999 for All Households.

Table 17. Annual Household Income, Older Persons Age 65 & Over, 1989 – 1999

AREA	Less than $15,000	$15,000 – $24,999	$25,000 – $34,999	$35,000 – $49,999	$50,000+
Virginia, 1989	20.7%	27.6%	20.7%	14.8%	16.1%
Virginia, 1989	25.5%	17.7%	13.7%	14.6%	28.5%
United States, 1989	20.7%	31.7%	20.3%	12.4%	10.6%
United States, 1999	27.2%	19.9%	14.7%	14.5%	23.7%

Sources: U.S. Bureau of Census, 2000 Census of Population, Summary File 3, Table PCT 55: Age of Householder by Household Income in 1999; 1990 Census: Special Tabulation on Aging, Table 192: Sex by Household Type by Income.

A total of 71,545 persons (representing 9.5 percent of those) age 65 and over were living at or below the poverty level in Virginia in 1999. Virginia's older population (age 65 and over) living at or below the poverty level in 1999 represented a higher percentage (10.9 percent) of all persons living below poverty than the national average (9.7 percent) (see Table 18). For persons aged 65 and over, the poverty rate declined from 14.1 percent in 1989 to 9.5 percent in 1999. The reasons for this decline include:

- The growth in the total number of persons age 65 and older over the decade resulting from the aging of "pre-retirees" and increased life expectancies for all ages;
- The loss, by death, of the older and generally poorer members of the older population over the decade; and
- The addition of younger, more affluent persons that moved into the 65 and older group over the decade which raised the numbers above the poverty level.

Table 18. Poverty Status for Persons age 65 and Over in 1999, United States and Virginia

	United States			Virginia		
	Persons	Percent of all persons in age group	Percent of all persons in poverty	Persons	Percent of all persons in age group	Percent of all persons in poverty
Total Persons	273,882,232			6,844,372		
Income in 1999 below poverty level:	33,899,812	12.4%	100.0%	656,641	9.6%	100.0%
65 to 74 years	1,550,969	8.5%	4.6%	34,703	8.1%	5.3%
75 years and over	1,736,805	11.5%	5.1%	36,842	11.3%	5.6%
Age 65 and over, total	**3,287,774**	**9.9%**	**9.7%**	**71,545**	**9.5%**	**10.9%**
Income in 1999 at or above poverty level:	239,982,420	87.6%		6,187,731	90.4%	
65 to 74 years	16,702,257	91.5%		394,367	91.9%	
75 years and over	13,356,517	88.5%		287,963	88.7%	
Age 65 and over, total	30,058,774	90.1%		682,330	90.5%	
Total Persons reporting poverty status, by age	273,882,232	100.0%		6,844,372	100.0%	
65 to 74 years	18,253,226	6.7%		429,070	6.3%	
75 years and over	15,093,322	5.5%		324,805	4.7%	
Age 65 and over, total	33,346,548	12.2%		753,875	11.0%	

Source: U.S. Bureau of Census, 2000 Census of Population, Summary File 3, Table P87 Poverty Status by Age in 1999.

Employment Status of Older Virginians

Virginia's older work force persons 65 years and older grew by 32 percent (112,366 divided by 85,148) from 1989 to 1999 (see Table 19), while the actual number of persons age 65 and over grew by only 19.3 percent (790,567 divided by 662,604). Over the decade, both the percent of older Virginians not in the labor force and the percent of employed older Virginians declined, paralleling national trends, while the rate of unemployed older workers increased.

Table 19. Employment Status of Older Persons, Age 65 and Over, 1989 – 1999.

AREA	Persons, Age 65 & over	In Armed Forces	In Civilian Labor Force	Employed	Unemployed	Not in Labor Force
Virginia, 1989	**662,604**	0	**85,148**	82,233	2,915	577,456
Percent	100.0	0	12.8	96.6	3.5	87.2
Virginia, 1999	**790,567**	0	**112,366**	106,645	5,721	678,201
Percent	100.0	0	14.2	94.9	5.1	85.8
United States, 1989	31,195,275	212	3,776,599	3,595,418	181,181	27,418,464
Percent	100.0		12.1	95.2	4.8	87.9
United States, 1999	34,978,972	0	4,638,745	4,368,898	269,847	30,340,227
Percent	100.0	0	13.3	94.2	5.8	86.7

Sources: U.S. Bureau of Census, 2000 Census of Population, Summary File 3, Table PCT 35: Employment Status by Sex by Age, Population 16 Years and Over; 1990 Census of Population, Special

Tabulation on Aging, Table P 146, Employment Status, Hours Worked Last Week, and Year Last Worked for Persons Age 65 and Over.

Health & Disability Status

Older Virginians with Disabilities

The 2000 Census of Population and Housing provides new data on the disability characteristics of the general population that have not been available previously. Virginia's older population evidenced a slightly higher per capita rate (.8470) of disabilities for the 65 and older population than the national average (.8354). The disability status of Virginia's older population (age 65 and over) closely parallels census-reported conditions of older Americans.

Approximately 20 percent of older Virginians reported having one disability, while another 22 percent reported having two or more disabilities with nearly 58 percent of this group reporting no disabilities. Nearly half (49.5 percent) of those reporting one disability were physically disabled, while another 25 percent had a mobility disability that affected their ability to go outside their home (see Table 20).

Table 20. Types of Disability by Sex by Age for Civilian Non-Institutionalized Population, 65 Years and Over

Population, by Age Group	United States		Virginia	
	Total	Percent of Total by Age Group	Total	Percent of Total by Age Group
Total Population	257,167,527		6,377,588	
65 years and over	33,346,626	100.0%	753,882	100.0%
With one type of disability	**6,704,088**	**20.1%**	**149,726**	**19.9%**
Sensory disability	1,327,266	4.0%	27,418	3.6%
Physical disability	3,246,580	9.7%	74,102	9.8%
Mental disability	364,937	1.1%	8,779	1.2%
Self-care disability	50,436	0.2%	1,319	0.2%
Go-outside-home disability	1,714,869	5.1%	38,108	5.1%
With two or more types of disability	**7,274,030**	**21.8%**	**167,359**	**22.2%**
Includes self-care disability	3,133,404	9.4%	74,816	9.9%
Does not include self-care disability	4,140,626	12.4%	92,543	12.3%
No disability	**19,368,508**	**58.1%**	**436,797**	**57.9%**

Source: U.S. Census Bureau, 2000 Census of Population: Summary File 3, Table PCT 26: Sex by Age by Types of Disability for Civilian Non-Institutionalized Population, 5 Years and Over; Table P41: Age by Types of Disability for Civilian Non-Institutionalized Population, 5 Years and Over with Disabilities.

The incidence of disability increases with age (see Table 21), with 32.6 percent of all older Virginians between age 65 to 74 years and 54.5 percent of those age 75 and

older having a self-reported disability. Disability status affects the employment status of those in the primary working years (i.e. age 21 – 64 years). In this age group, for those with no disability, the unemployment rate was 20.2 percent, while the unemployment rate for those with a disability was more than double (41.5 percent) that of non-disabled persons in the same age group.

Table 21. Sex by Age by Disability Status by Employment Status for Civilian Non-Institutionalized Population, Age 5 Years and Over

Population Group, Disability & Employment Status	United States		Virginia	
	Total	Percent of Total by Age Group	Total	Percent of Total by Age Group
Total Population, 5 years & Over	257,167,527		6,377,588	
21 to 64 years	159,131,544	100.0%	4,073,957	100.0%
With a disability	30,553,796	19.2%	712,330	17.5%
Employed	17,288,292	10.9%	416,528	10.2%
Not employed	13,265,504	8.3%	295,802	7.3%
No disability	128,577,748	80.8%	3,361,627	82.5%
Employed	99,206,689	62.3%	2,682,962	65.9%
Not employed	29,371,059	18.5%	678,665	16.7%
65 to 74 years	18,253,304	100.0%	429,077	100.0%
With a disability	5,889,876	32.3%	139,949	**32.6%**
No disability	12,363,428	67.7%	289,128	67.4%
75 years and Over	15,093,322	100.0%	324,805	100.0%
With a disability	8,088,242	53.6%	177,136	**54.5%**
No disability	7,005,080	46.4%	147,669	45.5%
65 years and Over	33,346,626	100.0%	753,882	100.0%
With a disability	13,978,118	41.9%	317,085	42.1%
No disability	19,368,508	58.1%	436,797	57.9%

Source Census Bureau, 2000 Census: SF3, Table PCT 42: Sex by Age by Types of Disability for Civilian Non-Institutionalized Population, 5 Years and Over.

Health Risk Conditions of Older Virginians

A series of comparative tables of health risk behavior trends from 1995 through 2001 are provided in Tables 22 through 31. Collectively, these tables demonstrate that the general health condition of older Virginians overall is about the same as that of older Americans.

Table 22. Overweight Condition: Percent of Persons Age 65 and Over (by Body Mass Index)

	1995	1996	1997	1998	1999	2000	2001
Virginia	39.2	36.7	39.9	36.8	42.3	39.9	40.5
United States*	39.8	38.4	39.5	39.0	39.5	40.0	40.6

*Reported value for the United States is the median value for all reported states.

Source: U.S. Center for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Risk Surveillance System, found on the Internet at http://apps.nccd.cdc.gov/brfss/Trends/TrendData.asp.

Table 23. No Leisure Time Physical Activity: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia	43.9	37.3	31.9	35.3	32.2	38.7	34.2
United States*	No Data	37.4	No Data	38.3	No Data	34.6	34.4

Source: IBID.

Table 24. Current Smokers: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia	10.0	14.4	12.4	14.8	10.7	9.3	10.8
United States*	11.1	10.9	10.7	11.1	10.3	9.7	10.0

Source: IBID.

Table 25. Diabetes Awareness: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia	11.3	13.3	11.8	12.1	17.0	14.6	15.4
United States*	11.1	11.2	11.6	12.5	13.5	14.0	14.9

Source: IBID.

Table 26. No Pneumonia Shot: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia, Age 65 – 74	68.1	No Data	51.6	No Data	50.1	35.7	47.7
United States*, Age 65 – 74	64.2	No Data	57.5	No Data	48.8	No Data	44.0
Virginia, Age 75+	46.9	No Data	37.0	No Data	36.8	36.3	27.8
United States*, Age 75+	57.8	No Data	47.3	No Data	39.5	No Data	32.0

Source: IBID.

Table 27. No Flu Shot within 12 Months: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia	47.5	No Data	32.3	No Data	34.3	36.5	34.7
United States*	40.0	No Data	34.1	No Data	32.6	No Data	33.8

Source: IBID.

Table 28. No Mammogram and Breast Exam: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia	32.0	25.2	27.3	31.2	26.7	24.7	No Data

United States*	27.4	24.7	23.2	24.4	21.4	20.7	No Data

Source: IBID.

Table 29. Alcohol Use: Chronic Drinking*: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia	1.0	No Data	1.6	No Data	0.4	No Data	2.7
United States*	1.6	No Data	1.5	No Data	1.8	No Data	2.7

*Chronic drinking = All respondents 18 and older who reported an average of two or more drinks per day, i.e., 60 or more alcoholic drinks a month.

Source: IBID.

Table 30. No Blood Pressure Check Within 2 Years: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia	4.4	2.1	1.9	2.1	3.3	1.7	No Data
United States*	3.2	No Data	3.0	No Data	2.4	No Data	No Data

Source: IBID.

Table 31. No Cholesterol Check Within 5 Years: Percent of Persons Age 65 and Over

	1995	1996	1997	1998	1999	2000	2001
Virginia	9.1	9.7	8.0	11.6	11.8	8.1	6.8
United States*	13.7	No Data	12.9	No Data	11.8	No Data	9.3

Source: IBID.

SECTION II VIRGINIA'S AGING NETWORK

Virginia Department for the Aging

In recognition of the special needs of older Virginians, the General Assembly created a Commission on Aging in 1958 to study the facilities and services available to older persons. In 1970, the Division of State Planning and Community Affairs was given responsibility for developing and coordinating programs for older persons in accordance with the Older Americans Act.

In 1974, the Virginia Office on Aging was created as an independent agency under the Secretary of Health and Human Resources and a Governor's Advisory Board on Aging (now the Commonwealth Council on Aging) was named. The Office on Aging served as Virginia's state unit on aging under the federal Older Americans Act with a mandate to manage federal funds to foster the development of a comprehensive and coordinated system of services for older persons and to designate local Area Agencies on Aging to share in this effort.

In 1982, the Virginia General Assembly enacted legislation renaming the Office on Aging as the "Virginia Department for the Aging." This change recognized the significance of programs serving the elderly as well as Virginia's commitment to these programs and gave aging an equal footing with other departments within the Secretariat of Health and Human Resources.

The Virginia Department for the Aging (**VDA**) is the Commonwealth's agency responsible for planning, coordinating, funding and evaluating programs for older Virginians. The mission of VDA is to foster the independence, security, and dignity of older Virginians by promoting partnerships with families and communities. These programs include a full range of counseling, education, nutrition, and supportive services to improve the quality of life for older Virginians and to assist them to remain independent for as long as possible.

VDA:

- Contracts with 25 local AAAs and other organizations to provide programs and services that are designed to enhance older Virginians' quality of life and delay unnecessary institutionalization for as long as possible.

- Provides technical assistance and monitoring to AAAs and other contractors to assure the provision of quality, cost-effective services.

- Reviews and comments on all state plans, budgets, policies, and administrative and legislative proposals that affect older Virginians. The Department tracks all legislative proposals considered by the Virginia General Assembly that affect older Virginians.

- Solicits and reviews comments on the needs of older Virginians with input from the Commonwealth Council on Aging and from the general public in accordance with the Department's Public Participation Guidelines.

- Coordinates the statewide planning and development of activities related to the purposes of the Older Americans Act by serving on commissions, boards, work groups, and task forces addressing the special needs of older Virginians.

- Provides technical assistance to agencies, organizations, associations, and individuals representing older Virginians.

- Contracts for the operation of the Office of the State Long-Term Care Ombudsman and of the substate long-term care ombudsman programs.

- Reviews and comments on the plans of state and federal agencies that are related to meeting the needs of older Virginians.

- Increases public awareness of the needs and problems of older Virginians by developing activities and materials that provide accurate and appropriate information.

- Evaluates the social, physical, and economic needs of older Virginians and determines the extent to which public and private programs meet those needs.

The Commissioner of VDA is appointed by the Governor and supervises a staff of 26. VDA is organized into two operating units: the Division of Administration and Support and the Division of Programs. In its personnel recruitment, selection, and management activities, VDA complies with all applicable policies, regulations and guidelines.

VDA also provides staff support to three advisory boards/councils/commissions. They are the Commonwealth Council on Aging, the Public Guardian and Conservator Advisory Board, and the Alzheimer's Disease and Related Disorders Commission.

VDA engages in quality assurance activities related to the provision of services by Virginia's 25 AAAs and other contractors. VDA, working with the AAAs, has developed service standards for the services listed beginning on page 29 of this document. These standards provide consistent guidance for the delivery of the services provided by the AAAs and other contractors. They also assure Virginia taxpayers and legislators, as well as our clients and their families, that we strive to provide the highest quality services available from any public or private community-based service organization in Virginia. To this end, VDA also monitors all AAAs and other contractors. Monitoring consists of both fiscal and program reviews of each agency and includes on-

site technical assistance and may also require the contractor to prepare a corrective action plan.

VDA and Virginia's Aging network are part of a national intergovernmental system that is unique. VDA has a national counterpart in the federal Administration on Aging (AoA). The Administration on Aging (AoA), an agency in the U.S. Department of Health and Human Services, is one of the nation's largest providers of home and community-based care for older persons and their caregivers. AoA's mission is to promote the dignity and independence of older people, and to help society prepare for an aging population. Created in 1965 with the passage of the Older Americans Act, AoA is part of a federal, state, tribal and local partnership called the *National Network on Aging*. This network, serving about 7 million older persons and their caregivers, consists of 56 State Units on Aging; 655 Area Agencies on Aging; 233 Tribal and Native organizations; two organizations that serve Native Hawaiians; 29,000 service providers; and thousands of volunteers. These organizations provide assistance and services to older individuals and their families in urban, suburban, and rural areas throughout the United States.

Commonwealth Council on Aging

In 1998, the Commonwealth Council on Aging replaced the Governor's Advisory Board on Aging and assumed expanded duties (Code of Virginia, § 2.2-2412, 2.2-2626, & 2.2-2627). Its purpose is *"to promote an efficient, coordinated approach by state government to meeting the needs of older Virginians."* Its duties are to:

- Examine the needs of older Virginians and ways in which state government can most effectively and efficiently assist in meeting those needs;
- Advise the Governor and General Assembly on aging issues and aging policy for the Commonwealth;
- Advise the Governor on any proposed regulations deemed by the Director of the Department of Planning and Budget to have a substantial and distinct impact on older Virginians. Such advice shall be provided in addition to other regulatory reviews required by the Administrative Process Act; and
- Advocate and develop the Commonwealth's planning for meeting the needs of the growing number of older Virginians.

The Governor appoints eleven of the nineteen members of the Council, one from each Congressional District. The Senate of Virginia and the Virginia House of Delegates each appoints four additional members. The members of the Council provide broad representation of consumers, service providers, and advocates from both the public and private sectors. The Council meets four times a year and its meetings are open to the public.

Public Guardian and Conservator Advisory Board

In 1998, the Virginia General Assembly created the Public Guardian and Conservator Advisory Board. The Board provides advice and counsel to the Commissioner of the Department for the Aging on the provision of high quality public guardianship services, promotes the mobilization of activities and resources of public and private sector entities to effectuate the purposes of the public guardianship program, and makes recommendations regarding appropriate legislative and executive actions, including, but not limited to, recommendations governing alternatives for local programs to follow upon repeal of the authority granted to the courts pursuant to §37.1-134.19 to appoint the sheriff as guardian or conservator.

The Board consists of fifteen members who are appointed by the Governor as follows: one representative of the Virginia Guardianship Association; one representative of the Virginia Area Agencies on Aging, one representative of the Virginia State Bar, one active or retired circuit court judge upon recommendation of the Chief Justice of the Supreme Court, one representative of the Association of Retarded Citizens, one representative of the Virginia Alliance for the Mentally Ill, one representative of the Virginia League of Social Service Executives, one representative of the Association of Community Service Boards, the Commissioner of the Department of Social Services or his designee, the Commissioner of the Department of Mental Health, Mental Retardation and Substance Abuse Services or his designee, the Director of the Virginia Office for Protection and Advocacy or his designee, and one person who is a member of the Governor's Advisory Board for the Department for the Aging and such other individuals who may be qualified to assist in the duties of the Board. No member shall serve more than two successive terms.

Alzheimer's Disease and Related Disorders Commission

In 2000, VDA began providing staff support to the Alzheimer's and Related Disorders Commission at the request of the Secretary of Health and Human Resources. The 2003 session of the Virginia General Assembly formally moved the responsibility for the Alzheimer's Commission from the Department of Mental Health, Mental Retardation and Substance Abuse Services to VDA. The Assembly also reconstituted the Commission with an additional member and provided for both gubernatorial and legislative appointees, expanded the Commission's duties to develop a plan for meeting the needs of patients and their caregivers, required the Commission to submit an annual report to the Governor and legislature, and moved the existing Alzheimer's and Related Diseases Research Award Fund (administered by the Virginia Center on Aging at Virginia Commonwealth University) to this newly created Code section. The Commission has the following powers and duties:

- Examine the needs of persons with Alzheimer's disease and related disorders, as well as the needs of their caregivers, and ways that state government can most effectively and efficiently assist in meeting those needs;

- Advise the Governor and General Assembly on policy, funding, regulatory and other issues related to persons suffering from Alzheimer's disease and related disorders and their caregivers;

- Develop the Commonwealth's plan for meeting the needs of patients with Alzheimer's disease and related disorders and their caregivers, and advocate for such plan;

- Submit a report by October 1 of each year to the Governor and General Assembly regarding the activities and recommendations of the Commission; and

- Establish priorities for programs among state agencies related to Alzheimer's disease and related disorders and criteria to evaluate these programs.

The Alzheimer's Disease and Related Disorders Commission consists of 15 members. Seven members are appointed by the Governor from among the boards, staffs, and volunteers of the Virginia chapters of the Alzheimer's Disease and Related Disorders Association, three members are appointed by the Governor from among the public at large, two members are appointed by the Senate Committee on Privileges and Elections, and three members are appointed by the Speaker of the House.

Local Area Agencies on Aging

Virginia has a network of 25 local agencies established under the auspices of the Older Americans Act, which are prepared to assist older persons and their families. These organizations are called Area Agencies on Aging or **AAAs**. A directory of Virginia's AAAs and the geographic areas they serve may be found in **Appendices A and B**.

AAAs are designated by the VDA, with the sanction of local governments, to plan, coordinate, and administer aging services at the community level. Some AAAs are private nonprofit organizations, others are a part of local government, still others are jointly sponsored by counties and cities, and one is a local mental health Community Services Board. AAAs in Virginia serve a specific *Planning and Service Area* which usually corresponds with the boundaries of one or more of Virginia's 21 Planning Districts (see page 31). Planning Districts organize counties and cities along common geographic, demographic, and economic boundaries.

AAAs prepare plans for providing services and programs to those older persons who live within the boundaries of their Planning and Service Area. Each AAA has an Advisory Council consisting of local citizens who are knowledgeable about the unique needs of their communities and who assist in the preparation of their plan of services. Older Virginians and their families are also provided with an opportunity to comment on these services and programs through public hearings held by their local AAA.

AAAs are financed with Older Americans Act, other federal funds, state funds, private funds (including grants and contributions), and appropriations from local governments. Older persons who participate in the programs or use the services provided by their AAA are offered the opportunity to contribute to the cost of these programs. Although those services funded through the Older Americans Act are available to older Virginians free of charge, most AAAs offer a variety of services on a sliding-fee scale to those who qualify.

All AAAs are required by the Older Americans Act to have Advisory Councils with active consumer representation. In meeting this Advisory Council requirement, the AAAs foster large, visible constituency groups to help guide policymaking.

Each AAA carries out a wide range of functions designed to lead to the development or enhancement of comprehensive and coordinated community-based systems serving each community in their Planning and Service Area. The critical elements of each system are:

- Visible focal points,
- A range of accessible service options,
- The commitment of local resources,
- Collaborative decision-making among older persons and organizations,
- Special help for the most vulnerable,
- Effective coordination between and among community agencies, and
- Sufficient flexibility to respond to individual needs.

VDA uses a contract to designate an organization as an AAA to develop and administer a local Area Plan for Aging Services, as approved, for delivering a comprehensive and coordinated system of services to older persons.

Programs and Services for Older Virginians and their Families

Many state, local, and private organizations offer programs and services for older persons. Some of these programs offer older citizens the opportunity to meet and work with others. There are also services designed to assist older persons with the basic activities of daily living. Other services seek to improve the health status of older Virginians. All these programs strive to improve the quality of life for our older citizens.

Each AAA, however, provides services particularly suited to the needs of the older individuals living within its service area. Each AAA can also provide detailed information about the full range of programs and services offered in their local community by public and private agencies. The following services are typical of those available throughout the Commonwealth (although services may vary and certain eligibility qualifications may apply):

- Adult day care programs provide personal care and supervised activities in a community center or other location for older persons who can no longer remain safely alone at home during the day;

- Care coordination services provide outreach, evaluation, assessment, care planning, and supervision for clients or their caregivers who require ongoing assistance in locating, coordinating, and receiving the services required to maintain independence;

- Checking services contact older persons in their homes to make sure that they are well and safe;

- Chore services assist older persons having difficulty with heavy housework, yard work, snow removal, and other strenuous chores;

- Disease prevention and health promotion services provide older persons with educational materials, physical and mental health screenings, and other information related to promoting health, preventing injury and disease, and managing medications;

- Elder abuse services prevent and remedy the abuse, neglect, and exploitation of vulnerable older persons;

- Health education and screening services promote self-care and independence by providing assessments or information about heath related issues and illnesses that occur most frequently in older persons;

- Homemaker services provide assistance with household tasks, essential shopping, meal preparation, and other household activities which enable an older person to remain at home;

- Information and referral/assistance services assist older persons and their families with assessing their needs and identifying and locating services and programs which can help them remain independent and in their own homes;

- Insurance counseling and assistance services assist older persons to evaluate their insurance needs, choose a Medicare supplemental policy if needed, review long-term care insurance policies, assist with the appeal of the denial of service/coverage, and generally sort and track medical bills;

- Internet Resource Guide: SeniorNavigator.com[SM] is a Virginia based website containing detailed information about the health and aging resources available to seniors and caregivers. Searchable by zip code, the consumer friendly website links seniors and caregivers with the public and private resources available in their local community;

- Legal assistance activities provide legal referral, assistance, and representation in areas of public benefits, consumer affairs, guardianship, wills, and estate planning;

- Meal programs and nutrition services provide nutritious meals, opportunities for social contact, and education about nutrition, food safety, disease prevention, and health promotion. Meals may be provided at a community site or delivered to the residence of an older person unable to leave their home;

- Money management services assist older persons in making decisions and completing tasks necessary to manage their day-to-day financial affairs;

- Ombudsman services assist with complaints made by or on behalf of older persons in long-term care facilities, or those receiving long-term care services in the community;

- Personal care services provide assistance with critical activities of daily living such as bathing, dressing, eating, and toileting;

- Public information and education services inform older persons and the general public about the programs, services, and resources available to older Virginians and their families;

- Residential repair and renovation services assist older persons to maintain their homes or to adapt their homes to accommodate a wheelchair or walker;

- Socialization, education, and recreation services provide an opportunity for older persons to interact with others and participate in leisure time activities designed to attain and maintain physical and mental well-being;

- Transportation services transport older persons to and from needed community facilities and resources;

- Volunteer programs assist older persons in finding suitable volunteer opportunities in their communities; and

- Voluntary Resource Access Points: SeniorNavigator Centers are trusted organizations around Virginia that voluntarily link seniors and caregivers to the resources they need by providing free access and assistance with SeniorNavigator.com.

In addition to these services, some AAAs provide employment assistance, assistance with filing state and federal income tax forms, fuel assistance, insurance

counseling, and other services that meet the unique needs of the older citizens in their Planning and Service Areas.

Planning and Service Areas

VDA has divided the Commonwealth into 25 geographic areas called *Planning and Service Areas* (also referred to as PSAs). These geographic areas are identical to the boundaries of Virginia's Planning Districts, with the following exceptions:

- At the request of the local governments in Planning District Eight (Northern Virginia), there are five AAAs.

- Planning District Seventeen (Middle Peninsula) and Planning District Eighteen (Northern Neck) are served by a single AAA.

- Planning District Twenty-Three (Hampton Roads) is served by two AAAs: Senior Services of Southeastern Virginia (PSA 20) and the Peninsula Agency on Aging (PSA 21).

The boundaries for Planning and Service Areas will remain unchanged unless an application for change is made to, and approved by, the Commissioner of VDA pursuant to Departmental regulations (22VAC5-20-50). Applications of local governments to serve as designated AAAs within established Planning and Service Areas or to create a new Planning and Service Area are made by formal resolution of city councils or county boards of supervisors and are submitted in writing to the Commissioner of VDA. Such new entities, if approved, would become effective with the beginning of the terms of their approved Area Plan for Aging Services and the contract incorporating such Plan. Any application for new AAA status or new Planning and Service Area status must be submitted prior to July 1 of the year preceding the year in which the new status would become effective. The application for new AAA status or for new Planning and Service Area status must include a proposed Area Plan for Aging Services and demonstrate the following:

- All the city councils and county boards of supervisors in the Planning and Service Area that would be affected have consented to the proposal.

- The proposal will not result in creation of an AAA or new Planning and Service Area that would receive less than 1.0% of the intrastate formula fund allocation for Virginia, according to the allocation method used by VDA for the year in which the application is submitted (see Section VIII of this Plan).

- Clear and convincing evidence to demonstrate that the provision of services in a proposed new Planning and Service Area or by a proposed new AAA will assure more efficient and effective preparation and implementation of the Area Plan for Aging Services for the older Virginians within the Planning and Service Area.

Upon receipt of an application that meets these requirements, the Commissioner of VDA will conduct a public hearing in the Planning and Service Area. A 30-day notice will be provided through publication in a newspaper in the cities and counties to be affected by the proposed new entity and its Area Plan for Aging Services. Notification will be mailed to the local governments and all other affected AAAs. The public hearing will be held at a time and location as convenient as possible to the citizens of the cities and counties affected by the proposed change. The Commissioner or a hearing officer designated by the Commissioner will preside at the hearing. Interested persons may speak for themselves or be represented by counsel, and written presentations may be submitted. Following the public hearing and for at least 30 days thereafter, the Commissioner will receive any additional written information that citizens or organizations wish to submit.

In addition to the public hearing, the Commissioner will consult with the Department of Planning and Budget, pursuant to §2.2-1501(2) of the Code of Virginia, whenever a new Planning and Service Area is proposed, and the approval of that Department shall be persuasive. Within 120 days of the public hearing, the Commissioner will issue written findings of fact, the input of the Department of Planning and Budget, and a particularized conclusion and decision. In the case of a new Planning and Service Area, its effective date is determined and stated. The designation of a new AAA becomes effective upon approval of its Area Plan for Aging Services and execution of a contract with VDA.

Any applicant for designation as a new entity whose application is denied may request an administrative hearing pursuant to the Virginia Administrative Process Act (Code of Virginia, §2.2-4019) within fifteen (15) days of receipt of the written denial. If, after the hearing, the applicant's request is still denied, the applicant may appeal the decision in writing within 30 days after receipt of the decision to the Assistant Secretary for Aging in the federal Administration on Aging.

Area Plan for Aging Services

The Area Plan for Aging Services is a document prepared by each AAA that describes the services to be provided with funding from VDA and from other sources. It reflects a planning process that is based on the demographic characteristics of the older population in the PSA along with an assessment of their needs. The AAA submits the Area Plan to VDA for review and approval.

The Plan describes the management and administration, service systems development, service delivery, and advocacy activities of the AAA during the Plan period. These activities must address the purposes found in Title III of the Older Americans Act:

- To secure and maintain maximum independence and dignity in a home environment for older persons capable of self-care with appropriate supportive services;

- To remove individual and social barriers to economic and personal independence for older individuals;

- To provide a continuum of care for vulnerable older individuals; and

- To secure the opportunity for older individuals to receive managed in-home and community-based long-term care services.

Any existing AAA or any applicant for AAA designation must prepare an Area Plan for Aging Services and submit it to VDA for approval. The Area Plan must clearly detail the means of providing supportive and nutrition services and substantiation for the means selected.

An approved Area Plan is in effect for four years. The Plan becomes the scope of services for the contract executed between VDA and the AAA.

At least annually, the AAA submits requests for necessary changes, additions, or deletions in its Area Plan to VDA for review and approval. The AAA submits a written amendment to the Area Plan in order to change the scope of a service or the arrangements by which a service is delivered (e.g., direct service or contracted service, or the number or location of congregate meal sites).

SECTION III PLAN PREPARATION ACTIVITIES

The Commissioner for VDA, Jay W. DeBoer, planned and conducted a series of seven "listening sessions" around the Commonwealth. The purpose of these sessions was to receive comments from older Virginians, their families, and their caregivers on the programs and services designed to help older Virginians remain in their homes and communities while avoiding or delaying admission to a long-term care facility. Local elected officials, service providers, and interested citizens were also encouraged to attend these sessions to share their ideas about how the Commonwealth can prepare for the growing population of older citizens. The information gathered during these sessions is summarized in Appendix C.

Listening Session Schedule

- Tuesday, October 22, 2002, at the Senior Center in Sterling, Virginia.
- Tuesday, October 29, 2002, at the Senior Center in Danville, Virginia.
- Wednesday, October 30, 2002, at James Madison University in Harrisonburg, Virginia.
- Thursday, October 31, 2002, at the Immaculate Conception Church, in Hampton, Virginia.
- Thursday, November 7, 2002, at the Oxbow Center in St. Paul, Virginia.
- Thursday, November 7, 2002, at the Holiday Inn in Wytheville, Virginia.
- Tuesday, November 19, 2002, at the Bon Secours St. Mary's Hospital auditorium, in Richmond, Virginia.

SECTION IV STATE AND COMMUNITY PROGRAMS ON AGING

The purpose of Title III of the Older Americans Act is to encourage and assist state units on aging and AAAs to develop and implement comprehensive and coordinated systems of services for older persons. Achieving this purpose involves a wide range of strategies and activities at the state and local level including:

Enabling Older Virginians to Obtain Needed Services

Examples of Title III Service Activities:

- Support older persons and their caregivers in assessing their needs, identifying the most appropriate services to meet their needs and linking the older person and caregivers to the agencies providing needed services. (Information and Referral/Assistance Services).
- Inform older persons and the general public about the programs, services, and resources available to elderly persons and their caregivers (Public Information/Education Services).
- Coordinate broad ranges of services arranged in response to the assessed needs and resources of older persons and use all available funding sources (Case Management/Care Coordination Services).
- Arrange for transportation to needed services (Transportation Services).
- Provide leadership for improving the quality and quantity of legal and advocacy assistance for older Virginians by establishing a focal point within the state unit on aging for elder rights policy review, analysis, and advocacy (Legal Assistance Services).

Related Programs/Projects:

Care Coordination for Elderly Virginians Program: The goal of this program is to target limited resources to elderly at highest risk of institutionalization regardless of income; coordinate cost-efficient and effective delivery of multiple services; facilitate client access to services; support family caregiving; and provide cost-effective services.

Uniform Assessment Instrument (UAI): The UAI is statutorily mandated for use by all public human services agencies providing publicly funded long-term care services in Virginia. The purpose of the instrument is to gather information for determining a person's care needs, for determining eligibility for service, and for planning and monitoring a client's care across various agencies and long-term care services. The UAI is a multidimensional, standardized instrument used to assess a client's socioeconomic circumstances, physical health, psychosocial status, and functional abilities.

Aging Information System: VDA and the AAAs have adopted an information system that combines financial management data, client-specific data

collected on the UAI, and service need and utilization data. This system has been installed in each of the AAAs and provides a statewide database capable of assessing and projecting service needs information. It will also provide the initial components, when established by the federal Administration on Aging, to measure performance outcomes.

SeniorNavigator.com: SeniorNavigator is a free public service that utilizes the Internet and over 100 volunteering organizations to deliver information about the resources available to seniors and caregivers in Virginia. The Internet based www.seniornavigator.com, is a searchable database of over 18,000 of Virginia's resources available to everyone, 24 hours a day, 7 days a week. This website also serves as the primary tool used in SeniorNavigator Centers, which are public and private organizations that voluntarily provide access to the resources on the website to those without computers or Internet access, and include VDA, AAAs, police stations, private businesses, nonprofit organizations, and public libraries.

Improve and Maintain the Health Status of Older Virginians

Examples of Title III Service Activities:

- Provide nutritionally balanced meals that provide a minimum of one-third of the daily Recommended Dietary Allowance (RDA) / Adequate Intake (AI) at congregate nutrition sites and senior centers that include socialization and recreation opportunities that may alleviate isolation and loneliness. (Congregate Nutrition Services).

- Provide nutritionally balanced meals that provide a minimum of one-third of the daily Recommended Dietary Allowance (RDA) / Adequate Intake (AI) to homebound older persons at their residence (Home Delivered Nutrition Services).

- Promote the health of older persons and prevent disease by means of a variety of programs. These may include health risk assessments; routine health screening; nutritional counseling and education; health promotion programs; physical fitness and group exercise; music, art and dance-movement therapy; home injury control; mental health screening/education/referral; information on Medicare and Medicaid coverage; medication management screening and education; information on diagnosis, prevention, treatment, and rehabilitation of age-related diseases and chronic disabling conditions; and social services/follow-up health services counseling (Disease Prevention Services).

- Provide information and materials specifically designed to increase awareness of health-related issues to promote prevention, self-care, and independence (Health Education).

- Provide assessment or screening of the older person's health status, including counseling, follow-up, and referral as needed (Health Screening).

- Provide intermittent medical care under appropriate medical supervision to acutely or chronically ill homebound older adults, including various rehabilitative therapies, part-time bedside nursing care, and personal care services provided by personal care aides (Home Health Services).

Related Programs/Projects:

Nutrition Services Incentive Program (NSIP): Authorized under the Older Americans Act, the U.S. Department of Agriculture provides cash allocations to Virginia based on the number of meals served during the prior federal fiscal year and reported to the Administration on Aging. The AAA's cash allocation is based on eligible congregate and home delivered meals served and reported to the Department

Home Safe Home, Virginia!: VDA, in cooperation with the Virginia Department of Health, the Virginia Department of Fire Programs, and a total of nine Virginia AAAs have implemented "Home Safe Home, Virginia!" with grant funding from Centers for Disease Control (CDC). A home safety program for seniors aimed at reducing the risk of fire and fall injuries, "Home Safe Home, Virginia!" uses the "Remembering When" program and installs smoke alarms and fall prevention equipment (bathmats and night lights) in the home. "Remembering When" is an educational program developed by National Fire Protection Association (NFPA) for use with groups and seniors in their home.

Health Care Fraud Technical Assistance Resource Center Grant: VDA, through a grant from the federal Administration on Aging, is one of four National Technical Assistance Resource Centers for the Prevention of Medicare and Medicaid Fraud, Waste and Abuse. VDA's grant focuses on developing techniques for aging network agencies and professionals to identify and reach seniors -- especially minorities, and those living in rural or isolated areas.

Under this grant, AAAs present informational material to seniors:

- To heighten their awareness of the common occurrence of Medicare/Medicaid fraud, waste, and abuse;
- To explain how they can protect themselves from these practices;
- To give information on how and where to report suspected fraud, waste and abuse; and
- To assist them in becoming better-informed health care consumers.

Senior Farmers Market Nutrition Program: Since 2001, VDA has received grant funding from U.S. Department of Agriculture to implement this project in cooperation with Virginia Department of Agriculture and Consumer Services and three AAAs. Eligible older persons receive coupons to purchase locally grown

fresh fruits, vegetables, and herbs from certified farmers at roadside markets and farmer's markets.

The Pharmacy Connect Program: Many older and disabled citizens who could benefit from the pharmacy manufacturers' prescription assistance programs operated through the Pharmaceutical Research and Manufacturers of America (PhRMA) are unable to manage the application process which can be complicated and confusing. The Pharmacy Connect Program is operated by the Mountain Empire Older Citizens Agency on Aging in Southwest Virginia. The program is designed to help low-income older citizens obtain needed prescription medications. The Pharmacy Connect Program serves the citizens of Lee, Scott, Wise, and Norton. Many older citizens in the adjacent counties of Buchanan, Dickenson, Russell, and Tazewell also have benefited from this program. The program funds staff persons and computers in a variety of community locations who work with low-income individuals and their physicians to submit complex applications to the appropriate drug companies. In its two years of operation, Pharmacy Connect has resulted in over $9 million in free prescription medications being delivered to the low-income citizens of Southwest Virginia.

Assist Older Virginians With Functional Limitations

Examples of Title III Service Activities:

- Perform heavy-duty household tasks and chores that service recipients are unable to perform themselves (Chore Services).
- Perform routine housekeeping/home management tasks that recipients are unable to perform themselves (Homemaker Services).
- Provide eligible older persons with long-term maintenance or support services that enable the individuals to remain at or return home, including assistance with personal hygiene, mobility, nutritional support, and environmental maintenance (Personal Care Services).
- Call or visit older persons at their residences to make sure they are well and safe and to provide psychological reassurance to older persons who are alone and in need of personal contact from other individuals (Checking Services).
- Provide for home repairs and/or home maintenance for older persons to assist them in maintaining their homes in conformity with minimum housing standards and/or to adapt their homes to meet their needs (Residential Repair and Renovation Services).
- Provide a variety of medical and therapeutic support services in a protective setting for varying time periods to functionally and/or health impaired older persons (Adult Day Care Services).

Related Programs/Projects:

Virginia Public Guardianship Program: VDA operates the Virginia Public Guardian and Conservator Program providing guardian-of-last-resort services to indigent adults to ensure that persons who cannot adequately care for themselves because of incapacity have the assistance of a guardian or conservator in meeting essential requirements for physical and emotional health and/or management of financial resources. Currently, funding is available to support 10 local public guardianship programs serving more than 200 incapacitated persons.

Older Drivers Project: VDA receives funding from the Virginia Department of Motor Vehicles (DMV) and the National Highway Safety Council to develop a handbook for families dealing with older drivers who suffer from Alzheimer's disease or other dementia and are losing their ability to safely operate a motor vehicle. In future years, VDA staff will also work with DMV to provide training to staff who test drivers and issue driver's licenses. DMV has also asked VDA to develop a pamphlet for physicians that outlines the steps that physicians and other health care professionals can take to help a patient with diminished skills receive an evaluation of their driving skills through the local DMV office.

Improve and Maintain the Social Well-being of Older Virginians

Examples of Title III Service Activities:

- Provide opportunities for older persons to attain and maintain physical and mental well being through interacting with others and participating in leisure time activities (Socialization/Recreation Services).
- Assisting older persons to obtain a suitable volunteer placement (Volunteer Programs).

Related Programs/Projects:

VolunteerMatch: VDA is a participant in the VolunteerMatch imitative. The mission of VolunteerMatch is to help everyone find a compatible place to volunteer. The online service, available at www.volunteermatch.org, is helping thousands of community service organizations attract the volunteer support they need, and since 1998, participating organizations have received more than 1,000,000 volunteer referrals. VolunteerMatch is the recipient of the Webby Awards for "Activism" and "Services," and has been recognized for its accomplishments by The White House and the Smithsonian Institution.

Improve and Maintain the Economic Status of Older Virginians

Examples of Title III Service Activities:

- Provide money and other resources, including referral to other public and private agencies, to assist older persons who have an emergency need for help (Emergency Services).
- Assist older persons to obtain part-time or full-time employment within the public or private sector (Employment Services).
- Provide older persons with a card that verifies their age and which can be used as identification to cash checks and to obtain discounts for goods and services (Identification Discount Program).

Related Programs/Projects:

Senior Community Service Employment Program: Authorized under Title V of the Older Americans Act, this program fosters and promotes useful part-time opportunities in community service activities for persons with low-incomes who are 55 years of age or older. Twenty-one AAAs and four local Workforce Investment Boards operate the program at the community level in Virginia.

Home Equity Conversion: Since 1985, VDA and the Virginia Housing Development Authority (VHDA) have worked together to promote the home equity conversion mortgage program. This program provides a way for older Virginians to use the equity in their homes to meet their long-term care, medical, and personal needs. Virginia was one of the first states to become involved in promoting the program and it remains in the forefront of the relatively small number of states actively involved in encouraging private lenders to enter the home equity market. AAAs in Arlington, Richmond, Urbanna, Petersburg, and Newport News have been certified to provide counseling to older homeowners about their options. In some areas of the state, AARP volunteers have been trained and certified to provide such counseling. The success of this program can be measured in the growing number of home equity conversions that are now being handled by commercial lenders in Virginia.

Low-Income Home Energy Assistance Program: The program helps eligible households meet the costs of home heating and cooling, energy-related crises, and residential weatherization activities. Older persons and persons with disabilities are priority target populations. The Department of Social Services (DSS) administers the program in Virginia. VDA is a member of the DSS Energy Assistance Advisory Committee. AAAs have a major role in reaching out to potential older beneficiaries and helping them apply for program benefits.

Fan Care: The Fan Care program is a public/private partnership that provides cooling equipment free-of-charge to eligible older Virginians in need of cooling assistance. Dominion Virginia Power, the Commonwealth's largest electric utility,

provides major funding for Fan Care, with additional support from the Appalachian Power Company, individual electrical cooperatives, and other utilities and public and private entities. Fan Care is administered statewide by VDA. On the local level, the program operates through the efforts of participating AAAs who purchase fans at reduced cost from the nearest Wal-Mart (another Fan Care partner) and then distribute them as needed to qualifying seniors who are at risk from the heat.

Support Families in Caring for Older Relatives

Examples of Title III Service Activities:

- Provide a variety of services and programs that are designed to provide support and temporary relief to family caregivers providing continuous or intermittent care for frail, impaired older relatives in their homes (National Family Caregivers Support Program).

Related Programs/Projects:

Respite Care Initiative: The Virginia General Assembly funds this initiative as a special project. Fourteen local agencies, twelve of which are AAAs, have been providing caregiver respite through contracts with VDA. The local agencies provide relief to families and other caregivers who are providing 24-hour care to individuals in their home who are 60 years of age or older or who are suffering from Alzheimer's disease (or related disorders). Priority is given to those who are unable to purchase the service due to the financial status of the family or the absence of a similar service in the community. Relief is provided through services that meet the medical or functional needs of the older person. Such services include adult day care, companion, home health, hospice, and personal care. Local providers match state funds with other resources to enhance the initiative's ability to serve families.

Respite Care Incentive Grant: In 2000, the Governor and the General Assembly established the "Virginia Respite Care Grant Program" to provide seed grants to eligible community organizations for the development, expansion, or start-up operations of respite care services. Ten organizations have received a total of $997,000 in state funds to develop respite services, including adult day care programs, in their communities.

Alzheimer's Disease Holistic Respite Care Grants: This program awarded grants to public and private agencies and organizations in Virginia for the development of a Holistic Demonstration Model of respite care for persons with Alzheimer's disease and their caregivers. Six organizations have received more than $500,000 in federal grant funds over a two-year period to develop holistic approaches to providing respite services to family caregivers.

Support for Grandparents as Surrogate Parents: VDA's Kinship Care Initiative is a statewide information and support network for older Virginian's who are raising children. Initially funded by a Brookdale Foundation "Relatives as Parents Program" (RAPP), the ongoing initiative has developed several support groups throughout the state and has created a curriculum and lecture series entitled "Grandparents Raising Grandchildren: Rights and Responsibilities." The initiative also works to educate Virginia social service agencies about the needs of kinship care families and provides a state-specific handbook, Grandparents Caring for Grandchildren: A Resource Guide. VDA has developed this resource guide for grandparents in Virginia who are caring for their grandchildren. The guide is distributed to grandparents through support groups and other organizations. Support for grandparents is another activity aimed at supporting and strengthening Virginia's families.

SECTION V NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM OBJECTIVES

The purpose of the National Family Caregiver Support Program is to enable AAAs to develop a new, highly visible, and multi-faceted approach to meeting the needs of family caregivers, grandparents, or older individuals who are relative caregivers. Individuals are eligible for the National Family Caregiver Support Program if they are 60 years of age or older and are being cared for by a relative. Priority shall be given to older individuals who are in the greatest economic and social need, with preference given to low-income minority individuals and to those older persons residing in rural or geographically isolated areas. Also priority shall be given to older individuals providing care and support to persons with mental retardation and related developmental disabilities and to grandparents caring for their grandchildren.

Virginia has taken the position that each individual AAA decides what programs and services best meet the unique needs of the caregivers in their PSA. Many of the Title III services already provided through Virginia's 25 AAAs provide support and relief to family caregivers. However, AAAs are encouraged to develop new models of caregiver support that provide services which do not supplant the role of the family as caregiver but enhances their ability to provide informal care for as long as appropriate. AAAs providing services through the National Family Caregiver Support Program may provide any combination of services under the following broad service categories:

1. Information to caregivers about available services including information and assistance services, public information and education services, outreach services, the development of printed materials, the sponsorship of information fairs for caregivers, and other activities that provide information to caregivers about services and programs available in their community. Included in this category of services is outreach to underserved caregivers that may not be reached by traditional programs and outreach efforts. The AAA can develop innovative approaches to providing information to caregivers. AAAs may wish to develop a public education campaign targeted to family caregivers that highlights the new or expanded role of the agency as a resource for family caregivers. The AAA may wish to hire a staff person to coordinate the agency's activities in reaching out to, and serving, family caregivers.

2. Assistance to caregivers in gaining access to the services including services and activities that assist families and other caregivers in obtaining the services they need. The AAA can provide counseling to caregivers about the long-term care service system and assist them in accessing the various services that make up this system.

3. Assistance to caregivers to enable them to make decisions and solve problems including counseling, the develop support groups, the development of peer counseling groups, and other mechanisms for helping caregivers cope. The AAA can provide training to caregivers and other family members

to enable them to make informed decisions about the services that can assist them in keeping their loved one at home and in the community.

4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities including services that will provide temporary relief for their family caregivers. The AAA can provide non-traditional services that will provide relief or respite specific to the individual caregiver's situation and needs. Some AAAs provide "institutional respite" consisting of short term institutional care for a frail older client in order to provide the caregiver with the opportunity to take a vacation or an extended break from their caregiver role.

5. Supplemental services, on a limited basis, to complement the care provided by caregivers including gap-filling services. This category of funding is designed to be used on a limited or emergency basis. No more than 20% of Title III-E funds shall be allocated for this category of services. The AAA can assist families in obtaining a personal emergency response system. The AAA can also provide innovative interventions that are not normally part of the long-term care service system. Such interventions should be tailored to meet the caregiver's specific needs for support and include documentation such as an assessment, along with a care plan that supports the supplemental service.

Interim Guidelines for the National Family Caregiver Support Program were issued to Virginia's AAAs on March 13, 2001. A final Guidance Document was issued to the AAAs on January 24, 2002. Additional guidance documents will be developed as the Program is refined over the coming years.

Current Funding and Projected Number of Caregivers

The AAAs reported the following Title III-E spending for FY'02 by service category (the total exceeds the FY'02 award due to carryover):

III-E Service Category	Amount	Percent
Information Services	$ 935,911	32%
Access Assistance	377,141	13%
Counseling Assistance	145,872	5%
Respite	1,277,729	44%
Supplemental	156,836	6%
TOTAL Spent	**2,893,489**	**100%**

Based Upon 2000 census data, VDA projects the number of potential family caregivers to be approximately 167,359. It is anticipated that the revisions that the federal Administration on Aging is making to the National Aging Program Information System – State Program Report, will allow VDA to be able to begin collecting information on the number of caregivers supported by the aging network.

Title III-E Goals

Over the coming years, Virginia's AAAs, working with VDA, will focus on the following goals:

- Increasing program visibility – VDA has allowed the AAAs to develop their own approaches to meeting the unique needs of the caregivers in their PSAs. Therefore, AAAs will focus on "branding" their III-E programs to ensure they are readily identifiable as a source of caregiver assistance. AAAs will make use of a variety of strategies to achieve this goal including the use of caregiver focus groups, holding community information forums for caregivers, and utilizing the local media to highlight the role of caregivers and the resources available through the AAA.

- Increasing outreach to underserved populations – Almost 20 percent of Older Virginians are members of a racial or ethnic minority. AAAs will develop special initiatives for reaching underserved populations including immigrants and other persons with limited English skills and persons who live in rural and geographically isolated areas. AAAs will establish special committees or use already existing advisory groups to identify the unique service needs of these caregivers and develop outreach approaches. AAAs will consider offering caregiver support services in settings that are familiar and comfortable for specific racial/ethnic/cultural groups of caregivers and utilizing staff who are bilingual and ethnically/culturally representative of the caregivers in their PSA.

- Developing services that respond to individual caregivers' current and changing needs – VDA recognizes that caregivers will have unique needs depending upon a variety of factors. AAAs will develop special surveys or focus groups to identify unique preferences and needs for caregiver supports in their PSA. AAAs will assure that respite care and other III-E services are provided in a variety of settings and are responsive to the caregivers' circumstances. AAAs will develop the supplemental services component of III-E to effectively fill gaps in the service package that cannot be addressed through existing programs.

Male Caregivers Grant

VDA has received a National Family Caregivers Support Program demonstration grant from the federal Administration on Aging to fund three demonstration programs to test the feasibility of identifying and intervening with male caregivers. Two of the demonstration programs focus on retired military personnel: *Senior Services of Southeastern Virginia* (serving Norfolk, Virginia Beach, Chesapeake, Portsmouth, Suffolk, & the surrounding counties) and the *Peninsula Agency on Aging* (serving Hampton, Newport News, Williamsburg & the surrounding counties). The third program focuses on rural male caregivers: the *Crater District Area Agency on Aging* (serving

Petersburg, Emporia, & surrounding counties). Each of the three pilot programs received a grant of $50,000 to employ a qualified individual to conduct outreach efforts to identify and provide information, referral, and services as needed to male caregivers.

The "typical" caregiver for a frail older adult is still perceived to be a woman: a daughter, a mother, or a wife. Increasingly, however, men are becoming caregivers. Dementia, particularly Alzheimer's disease, appears to strike women in higher numbers than men. Many husbands are now providing care to their wives who have Alzheimer's disease. In a 1987 telephone survey of 754 working caregivers, AARP found that 25% of these working caregivers were men. A similar study of working caregivers conducted in 1999 by the National Alliance for Caregiving and the National Center on Women and Aging at Brandeis University also found that a quarter of the working caregivers interviewed were men. The National Alliance for Caregiving surveyed family caregivers in 1997 and found that closer to 30% of their respondents were men.

Whether they are retired military or live in rural regions of the country, these male caregivers are reluctant to share their feelings with others and will often refuse to seek out resources that could help them with their caregiving responsibilities. Social isolation may result because the caregiver is reluctant to share his caregiving struggles with friends, neighbors, and other social contacts in the community. For some men, the stress of caregiving may lead to physical breakdown, psychological depression, and, in some instances, to abuse of their spouse or other care recipient. A study of homicide-suicides among older couples conducted by the University of Florida found that when an older man murdered his wife and then committed suicide, it was often a situation where the man had been caring for his sick or disabled wife for an extended period of time. Outreach to male caregivers may help prevent this type of tragedy.

Caregiver Vignettes

- Mrs. “M” is an 80 year-old female with an 82 year-old husband and living in their own home. Mrs. "M" has Alzheimer's disease and her spouse and daughter have been caring for her for over 9 years. She currently requires 24-hour care and is non-ambulatory. In fact, the daughter is also the caregiver for Mr. "M" because he fails to take his medications without this daughter's help. Mrs. "M" is also on medication for seizures and high blood pressure. She is dependent in all ADLS and IADLS. Mr. "M" is very hard of hearing, has hypertension, gout, cataracts, and has had several mini-strokes. The daughter is suffering from stress due to the responsibility of caring for both of her parents and working full time. Home delivered meals are a welcome respite, both for the daughter and the spouse, so that their time can better be spent on other caregiving chores.

- Mrs. “H” is a 79-year-old female married to her 75-year-old spouse who live in their own home. Her husband has Alzheimer's disease and she is his main caregiver. Before he started going to the adult day care center, he was her

responsibility 24 hours a day. Their only children do not live close enough to be of assistance to her. She started coming with him to the adult day care center and enjoys it as much or more than he does. She is a very bright, articulate lady that badly needed respite and time with people her own age with whom she could communicate. It also gives her husband the opportunity to get out of the house and be with people his own age where he can receive personal care and stimuli including: daily exercise, devotions, guest speakers and entertainers, a balanced meal and snacks, field trips, games and crafts, music and companionship. It's hard to know who has benefited more from the respite offered through the adult day care program.

- Mrs. "J" is the primary caregiver for her 78-year-old father who suffers from Alzheimer's disease and requires 24-hour care. Mrs. "J's" son was an alcoholic with end stage renal disease. He was in a Veteran's Administration hospital in Philadelphia where he was dying. Mrs. "J" needed to travel to Philadelphia to be with her son in his last moments and to arrange for his funeral. She was unable to leave her father and there were no other family members, friends, church members, or others who were willing to care for her father. The local AAA was already providing in-home respite care to relieve Mrs. "J" for a few hours each week. The AAA used National Family Caregiver Support Program funds to pay for five days of temporary nursing home care (facility-based respite) while Mrs. "J" attended to her dying son.

- Mrs. "A" was concerned about her parents. Her mother provided 24-hour care for her husband who had multiple health problems, used a walker, and was unable to leave the house without considerable assistance. Mrs. "A" worked full-time and lived in another region of the state. She was unable to provide assistance to her parents except on the weekends. Working with the local AAA, she was able to arrange for adult day care services (including transportation) for her father each week. Mrs. "A" reports that her mother is now able to get out of the house for several hours each week, do the grocery shopping, and see friends. Her father is also sleeping better at night since he is not sleeping during the day. This assures that her mother gets a full night's sleep and is better able to provide the ongoing care her father requires. Her father is also feeling better because he participates in exercise programs, arts and crafts, and has an opportunity to socialize with a variety of people in his age range.

- Mrs. "G" is a 60 year old woman who is the sole caregiver for her husband who suffers from a mental illness and is prone to frequent and violent outbursts. The "G's" have limited incomes (Social Security only), live in an isolated rural region of the Commonwealth, and receive no assistance from family members. In fact, several other members of this family suffer from mental illness and Mrs. "G" also provides emotional support and encouragement for these family members. Mrs. "G" finally called her AAA as she was at the point of being unable to cope with the demands of her

husband and family. The AAA care manager helped Mrs. "G" admit to being "stressed out" and to overcome her feelings of guilt at asking for help. The care manager works with Mrs. "G" around the importance of self-care and has assigned a homemaker to provide limited assistance in the home each week. Mrs. "G" now feels that she can continue to care for her husband while also providing support and assistance to her extended family.

- The "B" family lives on Tangier Island, a remote island in the middle of the Chesapeake Bay that can only be reached by boat or plane. Mrs. "B" needs to obtain the nutritional supplement called Ensure for her husband. The husband is unable to eat solid food due to cancer. The AAA uses National Family Caregiver Support Program funds to supply the "B's" with 5-8 cases of Ensure every month. Title III-E funds pay for the cases of Ensure and for the cost of shipping the cases on the mail boat out of Crisfield, Maryland.

SECTION VI VULNERABLE ELDER RIGHTS PROTECTION

The rights of older persons have traditionally been addressed through a fragmented assortment of services, each with limited resources and authority. The challenge of developing a coordinated or "seamless" system of advocacy services has provided the opportunity to explore new ways of promoting these services. Since individual programs will continue to be limited in scope and authority, there is a need to think in terms of "issues" to be addressed and the role each component of the system can play. This concept places older Virginians at the center of our efforts and reduces the potential for the person to be needlessly passed around among agencies or programs for help.

To begin to develop a seamless system of advocacy, Virginia created the **Center for Elder Rights** in 2000 to act as a focal point for bringing together under one umbrella a variety of legal, consumer, aging, and long-term care information and assistance for older Virginians and their families. The Center's philosophy is to provide information and assistance through one-on-one contact with a knowledgeable staff person. The Center does not use a complicated automated telephone menu system where the caller is told to push a series of buttons to get information. Instead, the Center takes a “low-tech” but “high-touch” approach by having staff available to help older Virginians and their families evaluate their issues and understand the resources that may be available to assist them in their local community. As part of this philosophy of high touch, Center staff follow-up with callers after five days to see if the information the caller received was helpful, if they have followed through with referrals, and to see if they have additional questions.

Many of the activities of the Center, coupled with the VDA’s Title VII programs, focus on the empowerment of individuals by informing them of their rights and options so they can advocate on their own behalf and make informed choices about services and opportunities available to them. This is accomplished primarily through education and outreach efforts. The Center for Elder Rights also reviews, analyzes, and advocates for policies and issues that may impact the health, safety, welfare, or rights of vulnerable older persons.

Long-Term Care Ombudsman Program

At the direction of the Virginia General Assembly, VDA contracts with the Virginia Association of Area Agencies on Aging (V4A) to provide the services of the State Long-Term Care Ombudsman Program. The primary duty of the Office of the State Long-Term Care Ombudsman’s operations is to identify, investigate, and resolve complaints made by or on behalf of older persons who receive long-term care services. The State Long-Term Care Ombudsman, who has expertise in the field of long-term care and advocacy, heads the operations. The program operates under a philosophy of non-adversarial advocacy that views consumers, providers, families, and regulators as all being part of the same system. There is a recognized need to work cooperatively to ensure the provision of high quality care.

The State Long-Term Care Ombudsman operates to encourage the development of local Ombudsman Programs through the AAAs and assists VDA in coordinating this aspect of its Elder Rights Activities. VDA contracts with twenty-one AAAs to provide statewide local ombudsman services. VDA operates a toll-free hotline that is linked to the Ombudsman program to ensure statewide coordinated access to services. Designated Ombudsmen must complete a certification curriculum. Nearly one-third of the local ombudsman programs also make use of volunteer ombudsmen who are assigned to long-term care facilities and work with residents and staff to resolve problems.

Elder Abuse Prevention

In Virginia, "elder abuse prevention" under Title VII is defined as the provision of services to individuals age 60 or over who are at risk of abuse, neglect or exploitation. Services may also be provided to the family or caregiver of an older individual to assist the family caregiver to provide appropriate care.

Elder Abuse Prevention funds are used primarily for educational materials and community seminars about elder abuse in domestic and long-term care facility settings. AAAs also participate in the Virginia Financial Institution Reporting Project, which trains bank tellers and financial institution employees to identify potential financial exploitation of older customers.

Each AAA has a designated Elder Abuse Prevention Specialist who coordinates activities with the Adult Protective Services (APS) units of the local department of social services. Some local Ombudsmen are cross-trained as Elder Abuse Prevention Specialists. Coordination with local APS programs will continue to be critical to ensure efficient, non-duplicative, and effective programs.

Legal Assistance Development

The Title VII Elder Rights and Legal Assistance Development initiative provides leadership for improving the quality and quantity of legal assistance as a means for building a comprehensive elder rights system. This program coordinates with other Title VII programs to support and promote the empowerment and autonomy of older persons, and the resolution of disputes via a network of advocacy services. Legal assistance development focuses on issues of guardianship, age discrimination, pension and health benefits, insurance, consumer protection, surrogate decision-making, protective services, public benefits and dispute resolution. The Legal Assistance Development initiative also coordinates its efforts with the Virginia Bar Association, the Virginia Supreme Court, and with established legal service providers and local bar associations.

Insurance and Public Benefits Outreach and Counseling

Title VII Outreach, Counseling, and Assistance Programs for Insurance and Public Benefits activities are directed primarily to the provision of educational seminars and publications dealing with the financial aspects of retirement and retirement planning. The Virginia Insurance Counseling and Assistance Program (VICAP), funded under a federal Centers for Medicare and Medicaid Services (CMS) grant, supports this effort. VICAP has trained and certified more than 300 volunteers statewide to provide information counseling and assistance regarding the Medicare and Medicaid programs as well as supplemental health and long-term care insurance products to older Virginians and their families. The VICAP initiative is coordinated locally and regionally through contracts with AAAs which serve as host agencies.

Virginia Public Guardian and Conservator Program

VDA manages the Virginia Public Guardian and Conservator Program created during the 1998 session of the Virginia General Assembly. This program replaces the local sheriff as the guardian-of-last-resort in Virginia. VDA initially funded three pilot projects to test the ability of local coalitions to develop and operate public guardian-of-last-resort programs. With the success of these projects, the Virginia General Assembly provided additional funding to establish nine public guardian programs beginning in July of 1999. VDA oversees the development of these programs and works with the state bar, local bar associations, and local governments to provide education and technical assistance around the Public Guardian program and guardianship laws.

In Virginia, it is estimated that there are over 2,000 indigent and incapacitated persons for whom no one is willing or able to act as guardian ("Virginia Public Guardian and Conservator Programs: Summary of the First Year Evaluation," February, 2002). The Public Guardian program is the only established and professionally managed program to provide guardianship services to incompetent and indigent Virginians. Current funding provides guardianship services to 212 incompetent and indigent Virginians. The average cost to provide public guardian services is $2,359 per person, per year.

Assurances – Title VII

In accordance with Title VII, Subtitle A, Chapter 1, Section 705 of the Older Americans Act, as amended, VDA provides the following assurances:

1. The State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter. [The State Unit on Aging will design, administer and monitor, as appropriate, Title VII programs through contracts with the AAAs or other entities in accordance with the specified requirements of the applicable chapter.]

2. The State will hold public hearings, and use other means, to obtain the views of older individuals, AAAs, recipients of grants under Title VII, and other interested persons and entities regarding programs carried out under this subtitle.

3. The State, in consultation with AAAs, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in, securing and maintaining benefits and rights.

4. The State will use funds made available under this subtitle and will not supplant any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out the vulnerable elder rights protection activities described in the chapter.

5. The State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

6. With respect to programs for the prevention of elder abuse, neglect, and exploitation:

   (A) In carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:
      (i) Public education to identify and prevent elder abuse;
      (ii) Receipt of reports of elder abuse;
      (iii) Active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
      (iv) Referral of complaints to law enforcement or public protective service agencies if appropriate;

   (B) The State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers or their households; and

   (C) All information gathered in the course of receiving reports and making referrals shall remain confidential except:
      (i) If all parties to such complaint consent in writing to the release of such information;
      (ii) If the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
      (iii) Upon court order.

7. The State agency:

   (A) From funds appropriated under section 702(a)(b)(c) for chapters 2, 3, and 4, will make funds available to eligible AAAs to carry out the activities in these chapters and, in distributing such funds among eligible area agencies, will give priority to AAAs based on:
      (i) The number of older individuals with greatest economic need, and older individuals with greatest social need, residing in their respective planning and service areas; and
      (ii) The inadequacy in such areas of outreach activities and application assistance of the type specified in these chapters;

   (B) Will require, as a condition of eligibility to receive funds, the AAA to submit an application that:
      (i) Describes the activities for which such funds are sought;
      (ii) Provides for an evaluation of such activities by the AAA; and
      (iii) Includes assurances that the AAA will prepare and submit to VDA a report of the activities conducted with funds provided under this paragraph and the evaluation of such activities.

8. A description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (7).

In addition, neither VDA nor any AAA will require any provider of legal assistance under this subtitle to reveal any information that is protected by the attorney-client privilege.

SECTION VII TARGETING

Older Persons in Greatest Economic or Social Need

The Older Americans Act requires that VDA and AAAs give preference in providing services to older persons who are in the greatest economic or social need, with particular attention to low-income minority individuals and persons living in isolated rural communities.

"Greatest economic need" means "the need resulting from an income level at or below the poverty line (as defined by the Office of Management and Budget and adjusted by the Secretary)."[9] AAAs may not, however, use an older person's income or resources to deny or limit that person's receipt of services financed under Title III of the Older Americans Act.

"Greatest social need" is defined as "the need caused by non-economic factors which include physical and mental disabilities, language barriers, and cultural, social, or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threaten such individual's capacity to live independently."[10]

In the 1995 Appropriations Act, the Virginia General Assembly expressed its intent that Older Americans Act funds and state general fund monies be targeted to services which can assist the elderly to function independently for as long as possible.

The guidelines adopted by Virginia's aging network for serving older persons are broad and allow for flexibility to target services based on needs identified at the local level. VDA encourages AAAs to further target the population to be served by implementing a process for establishing client eligibility for services available under their Area Plans for Aging Services and determining priority for receipt of these services. VDA reviews eligibility requirements annually and works with the AAAs to establish standardized criteria.

Every Virginian age 60 and over is eligible to receive services provided with Title III funds. Preferential consideration shall be given to the older Virginian who lacks family and community support and who meets one or more of the following criteria:

1. The person is in economic need (i.e., has an income at or below the poverty level or has expenses disproportionate to his income and is not receiving means-tested public benefits), or
2. The person is in social need (i.e., is impaired, homebound, or isolated.)

Economic need is not defined in terms of income only. A person who has an income below the poverty level and who receives means-tested public benefits (e.g.,

[9] Older Americans Act of 1965, as amended, §102 (27)
[10] Ibid., §102 (28)

Medicaid, Supplemental Security Income, or Food Stamps) may have less need than a person who is ineligible to receive public benefits because their income is too high. A person who has a moderate income but has high expenses for health and medical care or housing may have a greater need than someone who is in relatively good health and owns his home mortgage-free.

"Impaired" means limited in the ability to perform at least two “activities of daily living” (ADLs) or “instrumental activities of daily living” (IADLs). It does not matter whether the limitations involve household tasks (preparing meals, shopping, managing money, using the telephone, performing housework) or personal care (bathing, dressing, eating, getting in and out of bed or chairs, walking, going outside, using the toilet). When resources are limited, personal care needs should be met first because limitations in personal care may reflect a higher level of impairment and a greater risk of institutionalization.

Isolation and being homebound may be indicators of social need. "Homebound" means a person who is unable to leave home to attend regular social activities such as a senior center or congregate nutrition site. A person without access to adequate nutrition and for whom transportation to a congregate site is unfeasible may be considered homebound. The person may be homebound because of a physical impairment, e.g., arthritis, or because of a mental impairment, e.g., Alzheimer's disease. "Isolated" means the inability to access community resources and supports. Isolation may result from geographical location or the inability to leave the house even if one lives in an urban or suburban community.

Services are targeted to those in most need. There are two approaches to providing services: 1) empowering individuals to access needed services through information, counseling, and care coordination, and 2) providing direct services to eligible clients. Information about community resources and how to access them is available to older persons, their families, caregivers, and other concerned persons. Virginia’s network strives to inform and protect the rights of older persons who reside in the community or in long-term care facilities. In the provision of services which directly assist older persons to function independently for as long as possible, priority will be given to those older persons who lack family and community support and who have an economic or social need. These persons lack family and community support because such informal resources are absent, exhausted, or inadequate.

A comprehensive *Uniform Assessment Instrument* (UAI) has been implemented to identify specific client needs or problem areas and provides the basis for a care plan that allows the older person to live in the least restrictive and most satisfying environment.

The AAAs will ensure that basic services are available throughout Virginia including advocacy, care coordination, in-home services, transportation, meals, and information/linkage. Some of the methods that may be used to target services to

persons in the greatest economic or social need and to evaluate targeting efforts include:

- Directing outreach efforts to particular neighborhoods, census tracts, magisterial districts, or other subdivisions of the Commonwealth where there are high concentrations of the target population;
- Giving special consideration in the intake/assessment process to the target population;
- Providing transportation in areas where the target population lives;
- Locating program activities in senior centers and other community facilities accessible to the target population;
- Publicizing the availability of services through newsletters, brochures, the media, and other means which are likely to attract the target population;
- Providing those services that best meet the needs of the target population; and
- Evaluating current program practices to ensure that they do not discourage participation by the target population.

Low-Income Minority Older Persons

Almost 20 percent of the older population in Virginia has been identified as racial and/or ethnic minorities. Over one-third of older Virginians living in poverty are also members of racial or ethnic minority groups. Special efforts are made to ensure they have equitable access to available programs and services.

The following are ways the aging network addresses service provision to low-income minority older persons in Virginia:

- The Title III intrastate funding formula includes a factor that specifically targets low-income minority persons.
- Annually, VDA analyzes the participation of minority persons in Older Americans Act programs from the program performance reports submitted by the AAAs.
- VDA has a toll-free telephone number that is answered by a trained staff person, not an automated answering system, as a way to improve access for low-income persons and persons with limited English-speaking abilities.
- VDA has access to commercial translation services if callers are unable to communicate in English.
- VDA distributes publications in various languages and encourages special outreach efforts to limited English-speaking groups.
- AAAs locate service delivery sites in neighborhoods and communities with a high concentration of minority persons.

Older Residents of Rural Areas

Almost one-third of older Virginians live in rural areas of the Commonwealth. Rural Virginians may have lower incomes; less access to transportation, health care, and social services; and greater distances to travel to receive basic services. It is difficult for AAAs to deliver services to older persons who live in rural areas because of the general scarcity of resources, low population density, and larger geographical area that must be covered.

The following are ways the aging network addresses service provision to older residents in rural areas in Virginia:

- The Title III intrastate funding formula targets funding to the rural cities and counties in the state by including a rural 60+ factor. VDA defines "rural" as any jurisdiction (city or county) which is not within a Metropolitan Statistical Area (MSA) or any jurisdiction which is within an MSA but which has a population density of 50 persons or less per square mile.
- Local long-term care ombudsman programs under contract with VDA serve all twenty-five PSAs. Twenty-one AAAs operate local long-term care ombudsman programs and fourteen of these agencies serve predominantly rural areas. This increases access for rural residents to the information, counseling, and complaint resolution services offered by the Office of the State Long-Term Care Ombudsman.
- VDA has a toll-free telephone number (1-800-552-3402 Voice/TDD) for requests for general information. This number is answered by trained staff during agency operating hours, rather than by a complex electronic menu system.
- This same toll-free number is also used for calls to the Office of the State Long-Term Care Ombudsman and to the Center for Elder Rights. The use of one statewide number improves access to the information, referral, counseling, and long-term care complaint resolution resources of VDA.

Unmet Needs for Selected Services

"Unmet need" is defined as the difference between the assessed need of an older person and the actual amount of service provided to the person. Unmet need data are collected objectively, i.e., they are not estimates but are the sum of the units of services determined by an assessment (utilizing the Uniform Assessment Instrument) of the needs of thousands of older Virginians.

One of the responsibilities of VDA is to evaluate the need for support services in the state. To meet this responsibility, VDA collects and analyzes information on the extent to which older Virginians are not served or are underserved. Individuals who may be in need of services, but do not apply, are not counted in the unmet need data. The 25 AAAs in Virginia collect and report quarterly to VDA unmet needs data on the following services:

- Adult day care
- Home-delivered meals
- Homemaker
- Personal care
- Residential repair and renovation
- Transportation

The data collection process focuses on these support services because they target Older Americans Act funds and state funds for services which assist older Virginians to function independently for as long as possible.

The following table shows average monthly unmet needs reported in 2001 and 2002:

Service	**Unit**	**2001**	**2002**
Adult Day Care	Hours	30,544	37,161
Home Delivered Meal	Meals	130,321	129,705
Homemaker	Hours	48,355	54,350
Personal Care Services	Hours	18,675	25,332
Residential Repair	Homes	651	507
Transportation	Trips	9,464	11,502

SECTION VIII FINANCIAL PLAN – INTRASTATE FUNDING FORMULA

Background

The Older Americans Act of 1965, as amended, Section 305,(a),(2),(C) requires the state agency to:

> In consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account –
>
> (i) The geographical distribution of older individuals in the State; and
> (ii) The distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.

Title III and VII
[For Subtitles III-B, Supportive Services; III-C, Nutrition; III-D, Disease Prevention and Health Promotion; III-E, National Family Caregiver Support; and VII-Chapter 3, Prevention of Elder Abuse, Neglect, and Exploitation]

VDA, in consultation with Virginia's AAAs, has developed an intrastate funding formula for Older Americans Act funds. The Commonwealth's Title III funding formula remains unchanged from the previous State Plan. The formula factors and their weights are as follows:

Population 60+	30%
Population 60+ in Rural Jurisdictions	10%
Population 60+ in Poverty	50%
Population 60+ Minority in Poverty	10%

Note: Title III-D, Preventive Health, is further adjusted for medically underserved areas.

During the 1990s, the U.S. Administration on Aging contracted with the U.S. Bureau of the Census for a special tabulation for the 1990 census. This special tabulation provided Virginia with population data within the state for age 60 plus. In the fall of 2002, the U.S. Administration on Aging signed an interagency agreement with the U.S. Bureau of the Census to begin work on the 2000 special tabulation for aging. This work is currently underway. Although the completion date is not known, the U.S. Administration on Aging expects it to be completed in late 2003.

The 2000 Census information is available intrastate for the first two formula factors, however data for the last two factors will not be available until the U.S. Bureau

of the Census completes the special tabulation. Therefore, VDA in consultation with Virginia's AAAs, will continue to use the 1990 census until the special tabulation is completed and census data is available for all four factors.

Population 60+: This factor is the bases for the distribution of funds by jurisdiction (county and city) of older Virginians. It reflects the proportion of persons age 60 and older throughout the Commonwealth's by jurisdiction as provided by the U.S. Bureau of the Census.

Population 60+ in Rural Jurisdictions: This factor addresses the geographical isolation faced by older Virginians who live in the rural areas. VDA defines "rural" as any jurisdiction (city or county) which is not within a Metropolitan Statistical Area (MSA) or any jurisdiction which is within an MSA but which has a population density of 50 persons or less per square mile. An MSA is calculated by the U.S. Bureau of the Census and is updated in the formula when the census population data is updated. Square mileage by jurisdiction is obtained from the most recent Report of the Secretary of the Commonwealth and is updated in the formula when the census population data is updated.

Population 60+ in Poverty: This factor is an application of the definition of greatest economic need as required by the Older Americans Act. The financial condition of the older person is a major determinant of his or her ability to meet basic life needs such as food, shelter, mobility, and health care. The U.S. Bureau of the Census maintains this information upon request to perform a special tabulation for the Administration on Aging.

Population 60+ Minority in Poverty: This factor addresses the special needs of older racial and ethnic minorities in Virginia as well as the economic needs of this group. The U.S. Bureau of the Census maintains this information upon request to perform a special tabulation for the Administration on Aging.

Medically Underserved Area: This factor, applies only to Title III-D, Disease Prevention and Health Promotion Services. Section 362 of the Older Americans Act of 1965, as amended, requires the state to give priority to areas that are medically underserved. A base of $2,000 per AAA has been established whether or not any portion of the area agency is medically underserved. Medically underserved is determined for each jurisdiction. If a portion or the entire jurisdiction is medically underserved, that jurisdiction is included in the funding allocation. The U.S. Department of Health and Human Services, Health Resource and Services Administration, maintains the Medically Underserved Areas/Medically Underserved Populations data and it is updated in the formula when the census population data is updated.

Spending for Priority Services

Section 306(a)(2) of the Older Americans Act of 1965, as amended, requires the state to provide assurances that an adequate portion of the amount of Title III-B funding will be expended for the delivery of services associated with access, in-home, and legal assistance.

VDA's regulations, found in Section 22VAC5-20-100 (Priority Services), require AAAs to expend the following amounts:

- At least 15% of its Title III-B allotment for services associated with access to other services, such as care coordination, information and assistance and transportation services.
- At least 5% of its Title III-B allotment for in-home services, such as (i) homemaker/personal care services, (ii) chore services, (iii) home health services, (iv) checking services, (v) residential repair and renovation services, and (vi) in-home respite care for families and adult day care as a respite service for families.
- At least 1% of its Title III-B allotment for legal assistance for the elderly.

VDA may waive this requirement for any category of services described if the AAA demonstrates to VDA that services being provided in the area are sufficient to meet the need. Before a waiver is requested, the AAA must conduct a public hearing:

- The AAA shall notify all interested persons of the public hearing;
- The AAA shall provide interested persons with an opportunity to be heard;
- The AAA shall receive, for a period of 30 days, any written comments submitted by interested persons; and
- The AAA shall furnish a complete record of the public comments with the request for the waiver to VDA.

Cost Sharing/Fee for Service

Section 315(a) of the Older Americans Act of 1965, as amended, permits cost sharing/fee for service. Virginia has implement cost sharing/fee for service.

AAAs use the most current Federal Poverty/VDA Sliding Fee Scale to determine client fees for all services except: Older Americans Act Care Coordination, Information and Assistance, Congregate and Home Delivered Meals, Public Information and Education, Legal Assistance, Elder Abuse, and Ombudsman. The Federal Poverty/VDA Sliding Fee Scale is based on the Virginia Board of Health's "Regulations Governing Eligibility Standards and Charges for Health Care Services to Individuals" found in 12VAC5-200.

AAAs may request a waiver to not implement cost sharing/fee for service if they can adequately demonstrate:

(A) That a significant proportion of persons receiving services subject to cost sharing in the planning and service area have incomes below the threshold established in state policy; or
(B) That cost sharing would be an unreasonable administrative or financial burden upon the AAA.

Long-Term Care Ombudsman Program

With some exceptions, Virginia's AAAs operates local Ombudsman programs. Two or more AAAs may operate a joint program provided the AAAs are adjacent to each other.

A base of $15,000 has been established when an AAA operates a single Ombudsman program. A base of $25,000 has been established when two or more AAAs operates a joint program.

The remainder of Title VII-Chapter 2 Ombudsman funds is distributed in proportion to the number of licensed nursing facility beds, licensed assisted living facility beds, and licensed geriatric mental health beds located in each PSA.

The Virginia Department of Health maintains the number of nursing facility beds, the Virginia Department of Social Services maintains the number of assisted living facility beds, and the Department of Mental Health, Mental Retardation, and Substance Abuse Services maintains the number of state mental health facility beds. The number of beds in each PSA is updated annually for the next fiscal year based on data available on December 31st.

APPENDIX A: VIRGINIA'S AREA AGENCIES ON AGING

Planning & Service Area	Agency	Jurisdictions Served
1	**MOUNTAIN EMPIRE OLDER CITIZENS, INC**. 1-A Industrial Park Rd P.O. Box 888 Big Stone Gap, VA 24219-0888 Marilyn Pace Maxwell, Executive Director Phone: 276-523-4202 Fax: 276-523-4208 Toll-free: 1- 800-252-6362 Agency e-mail: meoc@meoc.org Website Address: http://www.meoc.org/	*Counties of Lee, Scott and Wise.* *City of Norton.*
2	**APPALACHIAN AGENCY FOR SENIOR CITIZENS, INC.** 216 College Ridge Rd, Wardell Industrial Park P.O. Box 765 Cedar Bluff, VA 24609-0765 Diana Wallace, Executive Director Phone: 276-964-4915 or 963-0400 Fax: 276-963-0130 Toll-free: 1-800-656-2272 Agency e-mail: aasc@aasc.org Website Address: http://www.aasc.org/	*Counties of Buchanan, Dickenson, Russell, and Tazewell.*
3	**DISTRICT THREE SENIOR SERVICES** 4453 Lee Highway Marion, VA 24354-4269 Mike Guy, Executive Director Phone: 276-783-8158 Fax: 276-783-3003 Toll-free: 1-800-541-0933 Agency e-mail: district-three@smyth.net Website Address: http://www.district-three.org	*Counties of Bland, Carroll, Grayson Smyth, Washington, and Wythe.* *Cities of Bristol and Galax*
4	**NEW RIVER VALLEY AGENCY ON AGING** 141 E Main St Pulaski, VA 24301-5029 Debbie Palmer, Executive Director Phone: 540-980-7720 or 639-9677 Fax: 540-980-7724 Toll-free: 1-866-260-4417 Agency e-mail: nrvaoa@psknet.com Website address: N/A	*Counties of Floyd, Giles, Montgomery, and Pulaski.* *City of Radford*

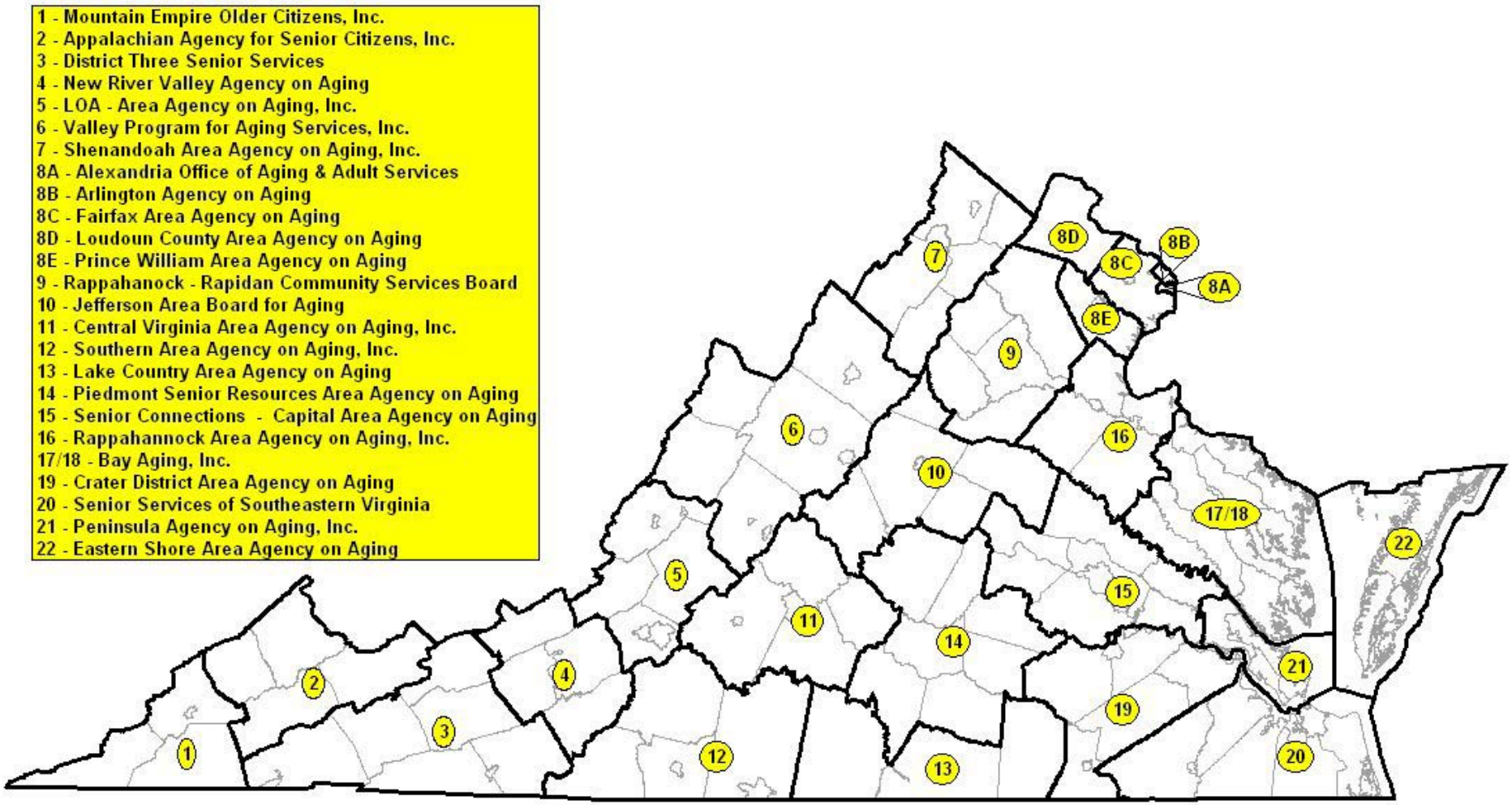
Area	Agency	Jurisdictions Served
5	**LOA - AREA AGENCY ON AGING, INC.** 706 Campbell Ave., SW P.O. Box 14205 Roanoke, VA 24038-4205 Susan Williams, Executive Director Phone: 540-345-0451 Fax: 540-981-1487 Director e-mail: sbwloa@loaa.org Agency e-mail: info@loaa.org Website Address: http://www.loaa.org/	*Counties of Allegheny, Botetourt, Craig, and Roanoke* *Cities of Covington, Roanoke and Salem*
6	**VALLEY PROGRAM FOR AGING SERVICES, INC.** 325 Pine Avenue P.O. Box 817 Waynesboro, VA 22980-0603 Paul Lavigne, Executive Director Phone: 540-949-7141 Fax: 540-949-7143 Toll-free: 1-800-868-8727 Director e-mail: Lavignpa@aol.com Agency e-mail: vpas@cfw.com Website Address:	*Counties of Augusta, Bath, Highland Rockbridge, and Rockingham.* *Cities of Buena Vista, Harrisonburg, Lexington, Staunton, and Waynesboro*
7	**SHENANDOAH AREA AGENCY ON AGING, INC.** 207 Mosby Lane Front Royal, VA 22630-3029 Helen M. Cockrell, Executive Director Phone: 540-635-7141, ext. 213 Fax: 540-636-7810 Toll-free: 1-800-883-4122 Director e-mail: helen.cockrell@shenandoahaaa.com Agency e-mail: info@shenandoahaaa.com Website Address: http://www.shenandoahaaa.com	*Counties of Clarke, Frederick, Page, Shenandoah, and Warren.* *City of Winchester.*
8A	**ALEXANDRIA OFFICE OF AGING and ADULT SERVICES** 2525 Mount Vernon Avenue - Unit 5 Alexandria, VA 22301-1159 Ron Lyons, Acting Director Phone: 703-838-0920 Fax: 703-838-0886 Acting Director e-mail: ron.lyons@ci.alexandria.va.us Website Address: http://ci.alexandria.va.us/human_services/agnc_aging.html	*City of Alexandria.*
8B	**ARLINGTON AGENCY ON AGING** Department of Human Services 3033 Wilson Blvd.; Suite 700B Arlington, VA 22201 Terri Lynch, Director Phone: 703-228-1700 Fax: 703-228-1148 Director e-mail: tlynch@co.arlington.va.us Agency e-mail: ArlAAA@co.arlington.va.us Website Address: http://www.co.arlington.va.us/dhs/aging/aaa/index.htm	*County of Arlington.*
8C	**FAIRFAX AREA AGENCY ON AGING** 12011 Government Center Parkway, Suite 708 Fairfax, VA 22035-1100 Grace Starbird, Executive Director Phone: 703-324-5411 Fax: 703-449-8689 Director e-mail: grace.starbird@fairfaxcounty.gov Website Address: http://www.fairfaxcounty.gov/service/aaa/homepage.html	*County of Fairfax.* *Cities of Fairfax and Falls Church*

Area	Agency	Jurisdictions Served
8D	**LOUDOUN COUNTY AREA AGENCY ON AGING** 102 Heritage Way, NE, Suite 102 P.O. Box 7000 Leesburg, VA 20176-4544 Anne Edwards, Administrator Phone: 703-777-0257 Fax: 703-771-5161 Director e-mail: aedwards@co.loudoun.va.us Website address: http://www.co.loudoun.va.us/services/senior.htm	*County of Loudoun.*
8E	**PRINCE WILLIAM AREA AGENCY ON AGING** 7987 Ashton Avenue, Suite 231 Manassas, VA 20109-8212 Lin Wagener, Director Phone: 703-792-6400 Fax: 703-792-4734 Director e-mail: lwagener@pwcgov.org Website Address: http://www.pwcgov.org/aoa/default.htm	*County of Prince William.* *Cities of Manassas and Manassas Park.*
9	**RAPPAHANNOCK-RAPIDAN COMMUNITY SERVICES BOARD** 15361 Bradford Road P.O. Box 1568 Culpeper, VA 22701-1568 Brian D. Duncan, Executive Director Phone: 540-825-3100 Fax: 540-825-6245 TDD: 540-825-7391 Director e-mail: bduncan@rrcsb.org Website Address: N/A	*Counties of Culpeper, Fauquier Madison, Orange, and Rappahannock.*
10	**JEFFERSON AREA BOARD FOR AGING** 674 Hillsdale Drive, Suite 9 Charlottesville, VA 22901-1799 Gordon Walker, CEO Phone: 434-817-5222 Fax: 434-817-5230 Director e-mail: gwalker@jabacares.org Agency e-mail: jaba@jabacares.org Website Address: http://www.jabacares.org	*Counties of Albemarle, Fluvanna, Greene, Louisa, and Nelson.* *City of Charlottesville.*
11	**CENTRAL VIRGINIA AREA AGENCY ON AGING, INC.** 3024 Forest Hills Circle Lynchburg, VA 24501-2312 Dan Farris, Executive Director Phone: 434-385-9070 Fax: 434-385-9209 Director e-mail: dfarris@cvaaa.com Agency e-mail: cvaaa@cvaaa.com Website Address: http://www.cvaaa.com	*Counties of Amherst, Appomattox, Bedford, and Campbell.* *Cities of Bedford and Lynchburg.*
12	**SOUTHERN AREA AGENCY ON AGING, INC.** 433 Commonwealth Boulevard E, Ste. A Martinsville, VA 24112-2020 Teresa Carter, Executive Director Phone: 276-632-6442 Fax: 276-632-6252 Toll-free: 1-800-468-4571 Director e-mail: tcarter@southernaaa.org Website Address: http://www.southernaaa.org/	*Counties of Franklin, Henry, Patrick, and Pittsylvania.* *Cities of Danville and Martinsville.*

Area	Agency	Jurisdictions Served
13	**LAKE COUNTRY AREA AGENCY ON AGING** 1105 West Danville Street South Hill, VA 23970-3501 Ed Taylor, Executive Director Phone: 434-447-7661 Fax: 434-447-4074 Toll-free: 1-800-252-4464 Agency e-mail: lakecaaa@aol.com Website Address: http://www.lcaaa.org/	*Counties of Brunswick, Halifax, and Mecklenburg.*
14	**PIEDMONT SENIOR RESOURCES AREA AGENCY ON AGING, INC.** Inverness Rd & Rt 624 P.O. Box 398 Burkeville, VA 23922-0398 Ronald Dunn, Executive Director Phone: 434-767-5588 Fax: 434-767-2529 Toll-free: 1-800-995-6918 Agency e-mail: psraaa@hovac.com Website Address: N/A	*Counties of Amelia, Buckingham, Charlotte, Cumberland, Lunenburg Nottoway, and Prince Edward.*
15	**SENIOR CONNECTIONS** **The Capital Area Agency On Aging, Inc.** 24 East Cary Street Richmond, VA 23219-3796 Dr. Thelma Bland Watson, Executive Director Phone: 804-343-3000 Fax: 804-649-2258 Toll-free: 1-800-989-2286 Director e-mail: twatsoncaaa@yahoo.com Website Address: http://www.seniorconnections-va.org	*Counties of Charles City Chesterfield, Goochland, Hanover, Henrico, New Kent and Powhatan. City of Richmond.*
16	**RAPPAHANNOCK AREA AGENCY ON AGING, INC** 171 Warrenton Rd Fredericksburg, VA 22405-1343 Carol Davis, Executive Director Phone: 540-371-3375 Fax: 540-371-3384 Toll-free: 1-800-262-4012 (Virginia only) Agency e-mail: raaa@infionline.net Website Address: http://raaa.home.infionline.net/	*Counties of Caroline, King George, Spotsylvania, and Stafford. City of Fredericksburg.*
17/18	**BAY AGING** 5306 Old Virginia St P.O. Box 610 Urbanna, VA 23175-0610 Allyn Gemerek, President Phone: 804-758-2386 Fax: 804-758-5773 Director e-mail: ksheldon@bayaging.org Agency e-mail: rharris@bayaging.org Website Address: http://www.bayaging.org/	*Counties of Essex, Gloucester, King and Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond and Westmoreland.*

Area	Agency	Jurisdictions Served
19	**CRATER DISTRICT AREA AGENCY ON AGING** 23 Seyler Drive Petersburg, VA 23805-9243 David Sadowski, Executive Director Phone: 804-732-7020 Fax: 804-732-7232 Agency e-mail: craterdist@aol.com Website Address: http://hometown.aol.com/CRATERDIST	*Counties of Dinwiddie, Greensville, Prince George, Surry, and Sussex. Cities of Colonial Heights, Emporia, Hopewell, and Petersburg.*
20	**SENIOR SERVICES OF SOUTHEASTERN VIRGINIA** Bldg 7, Interstate Corporate Center 6340 Center Drive, Suite 100 Norfolk, VA 23502-4101 John Skirven, Executive Director Phone: 757-461-9481 FAX: 757-461-1068 Director e-mail: jskirven@ssseva.org Agency e-mail: services@ssseva.org Website Address: http://www.ssseva.org/	*Counties of Isle of Wight and Southampton Cities of Chesapeake, Franklin, Norfolk, Portsmouth, Suffolk and Virginia Beach.*
21	**PENINSULA AGENCY ON AGING** 739 Thimble Shoals Boulevard, Executive Center Building 1000, Suite 1006 Newport News, VA 23606-3585 William Massey, Executive Director Phone: 757-873-0541 Fax: 757-873-1437 Director e-mail: ceo@paainc.org Agency e-mail: ceo@paainc.org Website Address: http://www.paainc.org/	*Counties of James City and York. Cities of Hampton, Newport News, Poquoson and Williamsburg.*
22	**EASTERN SHORE AREA AGENCY ON AGING COMMUNITY ACTION AGENCY, INC.** 49 Market Street P.O. Box 8 Onancock, VA 23417-0008 Whitesy Banks, Executive Director Phone: 757-787-3532 Fax: 757-787-4230 Toll-Free 1-800-452-5977 Agency e-mail: esaaacaa@intercom.net Website Address: N/A	*Counties of Accomack and Northampton.*

APPENDIX B: MAP OF VIRGINIA'S AREA AGENCIES ON AGING



APPENDIX C: LISTENING SESSIONS

Virginia Department for the Aging Listening Session
Sterling, Virginia – October 22, 2002
Senior Center at Cascades Marketplace
11:00 a.m. – 1:00 p.m.

Listening Panel:

Jay W. DeBoer, J.D., *Commissioner, Virginia Department for the Aging*
Anne Edwards, *Director, Loudoun County Area Agency on Aging*
Terri Lynch, *Director, Arlington Agency on Aging*
Grace Starbird, *Director, Fairfax Area Agency on Aging*

Comments:

Budget Cuts
- Maintain current level of services if possible. Protect programs from budget cuts.
- Keep existing programs for older persons and increase the funding if possible.

Affordable Housing, Assisted Living, & Nursing Homes
- Great need for affordable housing for older and disabled people.
- Increase the reimbursement rate for auxiliary Grants to Assisted Living Facilities (ALFs). The rate is so low that most ALFs in Northern Virginia do not accept Auxiliary Grants.
- Desperate need for affordable housing for seniors.
- Assisted Living Facilities are not affordable for low-income older persons who need this level of care.
- Many older persons outgrow the ability of the ALF to meet their needs. There needs to be a program to provide support to people in these facilities.
- There are long waiting lists for ALFs.
- Nursing home staffing levels are too low. Virginia needs minimum staffing levels for nursing homes licensed in the state.
- Need strict accountability of nursing home funds and staffing
- Need specially investigators to investigate nursing home crimes.
- Support video monitoring of nursing home patients.
- There is a need for regulations of independent senior living apartments.
- Boost pay for nursing home staff, especially CNAs.
- Nursing home staff should be provided with health benefits.

Prescription Drugs and Health Care Issues
- Medicare does not cover the cost of long-term care services.
- Need for a prescription drug benefit. Too many older persons cannot afford to pay their rent, buy food, and still purchase prescription medicines.
- Great need to educate older citizens about the availability of pharmacy cards.
- Long-term care needs should be addressed in ways that would use less Medicaid dollars.

Taxes and Cost of Living

- Maintain the old age deductions in the Virginia state income tax.
- Many seniors leaving Northern Virginia for a friendlier environment.
- Real estate taxes are too high. Seniors can no longer afford to live in Northern Virginia.
- Taxes on cigarettes and gasoline could be raised to avoid cutting programs for low-income older citizens.

Legal Services

- Need a statewide vision of legal services to the elderly.
- VDA should maintain working relationships with the Va. Bar and other legal organizations around the state.
- Provide judicial education on aging issues.
- Provide access to seniors to the judicial process.
- Need contacts for legal services programs, AAA legal programs, law schools, etc.
- Need legal services hotline for senior citizens.
- Need legal services development position.
- Department for the Aging should provide technical assistance to the public guardianship programs that are being formed around the state.
- The Department should promote, assist and expand use of alternatives to guardianship (i.e. powers of attorney, representative payees, etc.)
- Expand public guardianship program to other areas of the state.

Community and home-Based Services

- Northern Virginia needs more affordable transportation services, home-based supportive services, and adult day care services.
- Money being spent on mental health services too low.
- Older adults should have a greater awareness about various assistive technologies that can help them maintain their independence.

Other

- The Department for the Aging and local Area Agencies on Aging should receive training in how to work with and assist deaf and hard of hearing customers. Persons with hearing loss should have access to services and programs.
- The Department for the Aging should act as a catalyst for bringing people and groups together to talk about aging issues and concerns, especially housing and supportive services.
- Assistance is needed to those aging parents who are caring for their mentally retarded or disabled children. What happens when these parents can no longer care for their children?
- Provide builders with information on how to construct buildings that are user friendly to the deaf and hard of hearing.
- Government buildings are not designed for the hearing impaired.
- Need a state-level combined data system.

Written Comments:

- Loudoun County Commission on Aging.
- Terri Lynch, Director, Arlington Agency on Aging.

Other Remarks:

- Information was provided on the Mrs. Virginia Senior America Pageant and the Senior Olympics Line Dance Competition.
- Those in attendance heard comments for and against the upcoming bond referendum to raise the sales tax to pay for transportation initiatives in the Northern Virginia region.

Virginia Department for the Aging Listening Session
Danville, Virginia – October 29, 2002
Senior Center
11:30 a.m. – 1:30 p.m.

Listening Panel:

Jay W. DeBoer, J.D., *Commissioner, Virginia Department for the Aging*
Teresa Carter, *Executive Director, Southern Area Agency on Aging, Inc.*
Gay Currie, *Executive Director, Lake Country Area Agency on Aging*
Susan Williams, *Executive Director, LOA – Area Agency on Aging, Inc.*
The Honorable Roscoe Reynolds, *Member, Senate of Virginia*

Comments Received:

Budget Cuts

- Hope state budget cuts won't impact Social Security.
- State spending has already been reduced by $6 billion but the General Assembly will have to make more cuts.

Affordable Housing, Assisted Living, & Nursing Homes

- There is a need for better staffing ratios and a better reimbursement rate for nursing homes.
- There needs to be more career opportunities for staff working in nursing homes.
- The local long-term care ombudsman program has been expanded to receive complaints about nursing home staffing on nights and weekends.
- More ombudsmen are needed.
- Reimbursement rates to nursing homes are among the lowest in the country. Virginia needs to increase reimbursement rates.
- Nursing home industry does not need more regulations or staffing mandates….it needs fair reimbursement rates.
- When reimbursement is cut to nursing homes, a greater burden is places on private pay patients to cover the cost of care for those persons on Medicaid.

Prescription Drugs and Health Care Issues

- Seniors need prescription drug assistance.
- Middle class has to give up everything to pay for long-term care.
- There is no government long-term care program for the middle class. The individual has to impoverish himself or herself in order to quality for government assistance through Medicaid.
- The availability of prescription cards need to be better advertised.
- There is a lack of affordable prescription drugs for seniors.

Taxes and Cost of Living

- Tax deductions for Social Security and age need to remain.

Community and Home-Based Services

- There are a large number of people on waiting lists for home and community-based services, especially in the rural regions of Virginia.
- Seniors need to know what services are available to them
- It is more beneficial and cost effective to the state to provide services for people to remain in their homes than to be placed in long-term care settings.
- Adult day care is a more cost effective use of state funds than long-term care.
- The very things that are attractive to small town/rural living make it hard for those who live in those areas to find adequate home-based services.
- Funding for home delivered meals should be maintained. Recipients look forward to the visit and the volunteers delivering meals can report problems or concerns.
- The aging network needs to begin making preparations for the "graying" of the population and the future with more senior centers, adult day care, etc. Local governments should be encouraged to prepare for the future growth in older persons.
- Department for the Aging should encourage the involvement of churches and synagogues in providing home-based services in rural areas.
- The long-term care service system is complex. Caregivers need assistance in arranging services (completing Medicaid forms, etc.) for their frail, older relative.

Other

- There should be extensions of Area Agencies on Aging that could be staffed with people from the local areas that need jobs.
- The aging network needs to share information with each other.
- The aging network should begin to look more closely at how volunteers can be used more efficiently and effectively.
- Long-term care providers provide 24-hour care better and at a cheaper rate than other alternatives.

Written Comments:

- Sheila Fitzgerald, Social Worker, Pittsylvania Co. Dept. of Social Services.
- Ombudsman Program, LOA-Area Agency on Aging.
- Meals-on-Wheels, LOA-Area Agency on Aging.
- Adult Care Center of the Roanoke Valley.
- Ray Cobb, Treasurer, LOA-Area Agency on Aging.
- Gail Davis, Director of Special Recreation, Danville Parks & Recreation Department.
- Bette Rodgers, City of Danville Department of Social Services.

Other Remarks:

- A question was raised as to whether or not someone could go into the doctor's office with someone who has Alzheimer's to speak with the doctor or whether that is only the case if there is a Power of Attorney.

- One person stated that their car insurance rates through AARP had become too high to be affordable.
- A representative from the AARP's state legislative committee reported that their committee lobbies for seniors in the General Assembly. He explained that, if anyone had special concerns they would like the committee to address, to see him after the meeting.
- Please vote "yes" for the state bond issues.
- A representative from the AARP Driver Assistance Program asked for volunteers for their 55 Alive driver course.
- Senator Reynolds provided brief closing remarks on the status of the state's budget.

Virginia Department for the Aging Listening Session
Harrisonburg, Virginia – October 30, 2002
James Madison University
1:00 p.m. – 3:00 p.m.

Listening Panel:

Jay W. DeBoer, J.D., *Commissioner, Virginia Department for the Aging*
Dr. Vida Huber, *Associate Dean, College of Integrated Science & Technology, JMU*
Michael Burton, *Vice Chairman, Board of Directors, Shenandoah Area Agency on Aging*
Helen Cockrell, *Executive Director, Shenandoah Area Agency on Aging*
Brian Duncan, *Executive Director, Rappahannock-Rapidan Community Services Board*

Comments Received:

Budget Cuts
- In light of the recent budget cuts, the state needs to encourage training for those entering health care fields.
- Can other areas be cut instead of services to seniors?

Affordable Housing, Assisted Living, & Nursing Homes
- Great need for senior housing that charges affordable rents based upon the senior's income.
- Adequate pay for those who provide services, especially in nursing homes.
- Affordable housing, particularly in rural areas, is a critical need.
- There is a great need for more senior housing options.
- Ombudsman program should be expanded to provide services in hospitals.
- Nursing homes in rural areas have trouble attracting staff.
- Medicaid reimbursement is too low to pay staff higher salaries.
- Medicare funding to nursing homes was cut back October 1.
- Transportation for nursing home patients is not available if the patient needs to go further for treatment.
- Private pay residents in nursing homes pay more because of the low Medicaid reimbursement.

Prescription Drugs and Health Care Issues
- Congress should consider instituting price controls for prescription drugs, as do many other industrialized countries.
- Seniors struggle with whether or not to buy food, heating fuels, or prescription medications.
- Prescription drug coverage is a critical need for this region.
- Pennsylvania has a prescription drug program for all older citizens.
- Assure that physicians receive training in geriatric care.
- Need prescription drug benefits for senior citizens.
- Support the Virginia Health Care Foundation.

- Nursing home residents are only allowed to keep $30 for a personal allowance. This amount needs to be raised. Very degrading.
- The state needs a death with dignity bill.
- Enforce current LTC regulations for nursing homes.
- Support the ombudsman program.
- Work with Health Department to provide an independent ombudsman in hospitals.
- Support training for CNAs, nurses, and other nursing home staff.
- Join with the Health Department to offer safe and holistic health care options for seniors.
- Systems and programs need to be in place so seniors can receive holistic treatment….not just a focus on the medical model.
- There needs to be more funding for home health services.
- "I would rather die than go into a nursing home where I will be abused!"
- There are not enough faculty to train the many nurses that will be needed to care for the future elderly population. Nurses are "graying" and retiring which will lead to a nursing shortage by 2020.
- Is the state considering making it more attractive for people to enter the hospital and nursing home business?
- Do illegal aliens receive nursing home care at no cost?

Taxes and Cost of Living

- Provide tax breaks to encourage people to volunteer their time and expertise to help seniors.
- Provide tax relief to those who give up their jobs to provide full time care for those who are disabled.
- Give a tax break to grocery stores that take orders and deliver to seniors.

Volunteerism

- Volunteer drivers could drop off meals.
- Encourage recruitment and training of volunteers.
- Companies should be rewarded for encouraging volunteerism.
- Provide greater recognition and training to staff on care of volunteers.
- Provide professional training to all levels of management at the Department for the Aging and at local Area Agencies on Aging on volunteer recruitment and maintenance of volunteers.
- Volunteer driver insurance is a problem. Most volunteer drivers must use their personal car insurance. A provision needs to be made that volunteers driving for Area Agencies on Aging would be covered under the agency's liability policy.

Community and Home-Based Care including Transportation

- It is more cost effective to help keep people in their own homes.
- The costs of providing services are rising and we (as human services providers) are not meeting as many needs as we did four years ago. We are

moving in the wrong direction. Service providers are struggling to hold onto basic programs and services and to stretch resources.

- Need funding for trained nursing assistants to provide personal care to the homebound.
- Funding for basic support services should be increased.
- Some nutrition sites have been closed and others have reduced their hours of operation.
- Homebound meals need to stay in the program. This service provides a social function as well as a nutrition function.
- There is a need for respite care…both in-home and away from home. Few nursing homes offer respite care services. Those that do have minimum time periods, or long waiting lists for this service.
- Organizations should recruit volunteers to provide respite car. The hours they contribute could then be put toward services they may need in the future.
- All senior centers need vans to transport homebound persons to the center for socialization and recreation.
- Need transportation to get everyone to senior centers and deliver hot meals.
- The Department for the Aging should work with Department of Transportation to coordinate and provide for better rural transportation.
- Seniors need transportation options that provide door-to-door service. This is critical for frail or disabled persons who need help in getting to and from the van.
- Seniors need affordable transportation.
- Invite young people to the senior centers so they can volunteer and see what aging is really like.
- Winchester Senior Center needs a new facility.

Other

- Encourage youth to look for jobs in aging services.
- Don't forget the aging senior caregivers.
- Those caring for indigent could be paid more, which would provide better services to those homebound.
- Program planners need to state up front how people are going to access services.
- All lottery proceeds should go to provide services for senior citizens.
- Advocate for cost effective alternatives to LTC.
- Don't treat seniors like we don't have any sense.
- Utilize regional planning district commissions' framework.
- There is not a great deal of cooperation between boards and regulatory oversight agencies.
- Communities can often heal problems by utilizing community resources.
- Fund a study to look at how community resources con be best used.
- People are afraid of aging. If you are not aging you are dead.
- Seniors need to serve as role models to help younger people learn how to grow old.
- "To learn to be old is life's last lesson."

- Agencies should share UAI information.
- People are referred to the Area Agencies on Aging only to be told that there is a waiting list.
- Some seniors do not have indoor plumbing…especially in rural regions.
- What would happen if Medicare announced it had run out of funds? Who would take care of seniors?

Virginia Department for the Aging Listening Session
Hampton, Virginia – October 31, 2002
Immaculate Conception Church
1:00 p.m. – 3:00 p.m.

Listening Panel:

Jay W. DeBoer, J.D., *Commissioner, Virginia Department for the Aging*
Bill Massey, *Executive Director, Peninsula Agency on Aging*
John Skirven, *Executive Director, Senior Services of Southeastern Virginia*
Whitesy Banks, *Executive Director, Eastern Shore Area Agency on Aging & Community Action Agency, Inc.*

Comments Received:

Budget Cuts

- No more budget cuts to services that assist low-income older persons.

Affordable Housing, Assisted Living, & Nursing Homes

- More needs to be done in the area of senior housing.
- Guardianship services are needed to help people resolve problems with nursing homes.
- Great need to increase staffing levels and training for CNAs and LPNs in nursing homes.
- Need to invest in nursing assistants (CNAs) by providing health insurance, a better wage, and quality training. "Quality care comes through quality training."
- Concern was expressed about the amount of co pay required from senior for the health care services they must receive.
- Need to look for creative ways to recruit and retain CNAs.
- The Auxiliary Grant reimbursement must be raised. Most Assisted Living Facilities (ALF's) in Hampton Roads won't accept the current Auxiliary Grant amount….the result is that low-income persons are unable to use ALFs.

Prescription Drugs and Health Care Issues

- Great need for affordable prescription drugs. Older person must choose between buying food and buying critical prescription drugs.
- Medicare co pays for health care are a real burden for senior citizens to afford.
- Medicaid patients shop for the doctor that will give them the treatment they want. This practice needs to be stopped.

Legal Services

- Need funding to make legal assistance available to older persons and their families to help with wills, powers of attorney, estate planning, guardianship, etc.

- The involuntary commitment process is complex and it is difficult for families to work through the legal and medical processes.
- Virginia's public guardianship program needs to be expanded to serve more persons.

Community and Home-Based Services including Transportation

- There is a great need for transportation services. This is the service that links older citizens to needed services, especially health care.
- Concerned about in-home care and funding for CNAs in home-based settings and in facilities.
- Increase funding for companion services.
- There is a need for affordable respite care. Need respite care especially in rural areas.
- There are not enough respite care beds, particularly in rural areas.
- Medicaid reimbursed non-emergency transportation services worked much better when the services were provided at the local level, rather than having to call the regional provider through a toll free number. Medicaid transportation services are not dependable…there is no quality control.
- There is a need for crisis intervention teams to go into older persons' homes to provide mental health services.
- There is a need for personal assistance services such as transportation, grocery shopping, and bill paying.
- There is a need for affordable adult day care services, especially in rural areas of Hampton Roads.

Volunteerism

- The Department for the Aging should assist with promoting volunteerism among all Area Agencies on Aging (AAAs) throughout the Commonwealth.

Other

- The Hampton Roads area has the largest population of elderly in the Commonwealth. Would like to see a discussion in state government on what this means to the AAAs that serve this area.
- Need more support for grandparents who are raising their grandchildren. The Hampton Roads Foster Grandparents Program does not receive state funding. Is there an opportunity for them to receive some funding?
- It would be wonderful if families could be reimbursed for caregiving.
- Many elderly need help paying their bills. They have trouble reading their bills and writing their checks.
- Need a clearinghouse for elderly resources: one-stop shopping. Older persons and their families don't know where to turn for help. Agencies could utilize media outlets to help get the word out.
- Concern expressed about Adult Protective Services workers and their responsiveness to crises. More funding is needed in this area.

- We live in a youth oriented society. Businesses need to be educated about the number of seniors that are appearing on the horizon. Graying of America and Virginia.
- Need an inpatient facility to evaluate older persons who may be suffering from Alzheimer's disease of other dementia.

Virginia Department for the Aging Listening Session
St. Paul, Virginia – November 7, 2002
Oxbow Center
9:00 a.m. – 11:00 a.m.

Listening Panel:

Jay W. DeBoer, J.D., *Commissioner, Virginia Department for the Aging*
Diana Wallace, *Executive Director, Appalachian Agency for Senior Citizens, Inc*.
Marilyn Maxwell, *Executive Director, Mountain Empire Older Citizens, Inc.*
The Honorable Phillip Puckett, *Member, Virginia State Senate*

Comments Received:

Budget Cuts

- Regarding state budget cuts… "We can't wait for the storm to blow over. We have to work in the rain."
- "Southwest Virginia took the 4th largest cut in the state during this last this round of budget cuts."
- "State budget cuts seem to get proportionally larger as you get further away from Richmond. This should be reversed."
- If representatives from Southwestern Virginia are not at the table in Richmond when decisions are made about budget cuts, then our concerns are not heard.
- Please continue funding for respite care services, support groups, personal care services.
- Continue funding for the Pharmacy Connect Program, which provides assistance for low-income persons to receive free or low-cost medications from various drug companies.
- Continue funding for home health services.
- Continue funding for transportation services.
- Continue funding for the respite care program.
- It takes money for health care and human services agencies to provide critical services. The budget cuts affect people who these receive critical services that help them remain independent.
- Do not cut funding to the Oxbow Center. This center provides services to children, to the mentally disabled, and to senior citizens.
- "Mountain Empire Older Citizens should be the last agency to receive cuts. They provide too many critical services to their region."
- "The services provided through Mountain Empire Older Citizens are so critical that I would rather cut highway funds and drive on dirt roads so that we can continue to be able to serve those in need."

Affordable Housing, Assisted Living, & Nursing Homes

- Need affordable housing options that provide services between independent living and assisted living: meals and health maintenance. Need subsidies for low-income people to afford this type of housing option.

- This region has a tremendous amount of substandard housing. This impacts health (lack of plumbing) and income (higher heating costs).
- A large number of homes in Southwest Virginia lack indoor plumbing. There is not enough state and federal funding in home repair/modification services to address this issue.

Prescription Drugs and Other Health Care Issues

- Medicare needs to offer people a choice: either prescription drug assistance or assistance with purchasing respite care.
- Virginia needs to expand the Pharmacy Connect Program operated by Mountain Empire Older Citizens and the Appalachian Agency for Senior Citizens. "Most older people can no longer afford to buy prescription drugs."
- "Advocate for a heath care system that doesn't leave people in a lurch. For instance, someone who works hard but can't afford health insurance should not have to become destitute before that qualify for Medicaid."
- Medicare should help fund transportation services to kidney dialysis.
- "My 91 year old mother's prescriptions cost $500 each month and she only receives $650 from Social Security, her only source of income. The Pharmacy Connect Program at Appalachian Agency for Senior Citizens has been able to get these medications at almost no cost to my mom. We desperately need some form of prescription assistance."
- The closest large hospital indigent care program (with an array of specialists) is in Charlottesville. This is a 5-8 hour drive for people in Southwest Virginia.

Taxes and Cost of Living

- Put car tax back on the table.
- "Where are the legislators willing stand up for raising taxes to provide needed services to the poor?"

Community & Home-Based Care Including Transportation

- Respite care is badly needed.
- Appalachian Agency for Senior Citizens receives call everyday from low-income families desperate to find services for their older loved ones. Caregivers just need a little help to keep functioning.
- There are unmet needs and a lengthy waiting list for respite care services.
- Home delivered meals are an under-funded service.
- Transportation is the single greatest need in this region for people with disabilities.
- Transportation is key to all community services. People cannot use critical services such as adult day care or senior centers if they cannot get to them.
- The decision by Medicaid to contract transportation services to a large, out-of-state vendor two years ago has negatively impacted transportation services. The transportation pilot programs operated by the Area Agencies on Aging worked well.
- Medicaid transportation has been unable to adequately serve those that are elderly and those that are disabled.

- The transportation issue becomes more critical to some than their medical problems.
- It is very difficult to navigate the Medicaid transportation system and the same information must be entered in the system each time.
- "Medicaid should give the transportation contract back to Appalachian Agency for Senior Citizens. When they ran the program they cared about the riders and made sure they got to their destination."
- Transportation services are essential. There is a need for regional transportation services because some people have to travel long distances for medical treatment.
- Agencies in this region are seeing an increase in referrals for case management services.
- Social and geographic isolation are serious problems in this region. Home delivered meals and homemaker services often provide the only contact older citizens have with someone outside their home.
- There is a long waiting list for home repair services.
- Some older homeowners go without necessary home repairs because they receive just a little too much money to qualify for repairs but not enough to afford the repairs themselves.
- The region had a model Medicaid transportation program. Don't try to reinvent the wheel.
- Medicaid reimbursement rate is too low for home care.
- Home care needs can't be met because of the low Medicaid reimbursement rate.
- Can't hire and retain enough CNAs for home care services because of the low Medicaid reimbursement rate.
- Need more home care workers.

Other

- Need additional services that support family caregivers.
- Government needs to listen to the people affected when making decisions about budget cuts.
- Seniors need to be educated about Medicaid. In some instances, those that need it are afraid to apply because of misinformation: they are afraid of losing their homes to the government.
- There are more disabled people in this region than in other areas of Virginia.
- Significant numbers of individuals in this region have low incomes and receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI).
- Southwest Virginia has the largest number of children in the state who receive special education and who receive the lowest test scores in the state.
- Lee County has the lowest average income and the highest cost of living in the entire state.
- Human services agencies in this region of the state never receive their fair share resources.
- Provide Southwestern Virginia with opportunities so that we can come up with service models for the rest of the state.

- The need for services outstrips our health and human services agencies ability to provide services in this region.
- A large number of grandparents in this region are raising their grandchildren and need resources to help them.
- Young families can benefit from their contact with older citizens through intergenerational community groups such as the Welcome Baby Volunteers.
- Southwest would benefit from more grant opportunities.
- Virginia needs to explore more creative ways to work with church and private sector organizations to form partnerships.
- Wise County Schools partner with Mountain Empire Older Citizens to provide services for extended families including Pharmacy Connect, FAMIS insurance for children/grandchildren, and transportation to community programs. We need this partnership to continue.
- Through Mountain Empire Older Citizens' Kincare Program, services are provided to support grandparents caring for their grandchildren.
- Grandparents need literacy training and the community needs a full time literacy training program coordinator.
- The Kincare Program helps to provide support groups in schools for grandparents, provide vouchers for children's clothing, and provide new or "gently" used books.
- Grandparents sometimes don't feel they have a voice in the schools and require specialized support. We need community resources for grandparents.
- There is a lot of cancer that is diagnosed in the later stages in the region. The result is that we have many older citizens who cancer as well as the usual problems associated with advanced age.
- Virginia needs to provide support for the Cancer Information Center at Mountain Empire Older Citizens. This Center provides needed information to patients, helps train volunteers, and uses teleconferencing to provide services to families, to health care providers, to Area Agency staff members.
- There is a need for a broadband regional connection so that the citizens of Southwest Virginia can access the Internet.
- People in this region just don't have enough money to meet their basic needs.
- Agencies is this region can serve as a model for working cooperatively and for taking the strengths and talents of each particular agency to help meet the needs of the larger region.
- Medical schools provide little training in geriatric medicine. Virginia needs to encourage state medical schools to include curricula on geriatrics.
- "Need assistance with the purchase of hearing aides. Even the cheaper ones cost $3,000!"

Other Remarks:

- Mountain Empire Older Citizens sent letters to over 600 of their homebound clients who home delivered meal letting them know about the budget reductions and how services would be impacted. The agency asked for comments from their clients and suggestions for ways in which the clients could help during this time. Responses from clients ranged from cutting back on the number of meals

they receive to sending additional monetary contributions if they were able. Other clients called and sent notes of thanks for the meals they receive.

Virginia Department for the Aging Listening Session
Wytheville, Virginia – November 7, 2002
Holiday Inn
1:00 p.m. – 3:00 p.m.

Listening Panel:

Jay W. DeBoer, J.D., *Commissioner, Virginia Department for the Aging*
Mike Guy, *Executive Director, District Three Senior Services*
Debbie Palmer, *Executive Director, New River Valley Agency on Aging*

Comments Received:

Budget Cuts
- Don't cut the Pharmacy Connect Program. More staff are needed to help screen applicants for the program and to help them fill out the complex application forms.
- Don't cut funding for the Adult Protective Services programs in the local departments of social services.
- "The transportation services provided through the District Three Senior Services are wonderful. Please don't cut this program."
- "Don't cut any more funding to the New River Valley Area Agency on Aging."

Affordable Housing, Assisted Living, & Nursing Homes
- There is a workforce shortage of nursing assistants, home care aids, and other direct service staff in nursing homes and assisted living facilities.
- Strengthen the long-term care ombudsman program and promote the enforcement of the licensing regulations for nursing homes and assisted living facilities. "Advocate for stronger penalties."
- Medicaid reimbursement for nursing assistants (CNAs) is too low. Facilities cannot attract quality staff.

Prescription Drugs and Health Care Issues
- The cost of prescription drugs is too high! Virginia needs to provide more funding for the Pharmacy Connect Program.
- Access to specialized health care is limited. Families may have to travel to Charlottesville to see a health care specialist or to receive specialized treatments.

Taxes and Cost of Living
- Repeal the car tax.
- Study regional tax equity in Virginia.
- Designate senior centers as tax-exempt groups. Multi-purpose centers are often not tax-exempt unless they serve food.
- "The cost of providing services has gone up!"

- Provide tax relief for volunteers who use their personal vehicles to carry people to the doctor or to deliver meals.
- Rural areas have problems that are different from the rest of Virginia. The young people are leaving the area. Companies are not locating in this area. The aging population is being isolated and the cost of living is rising.

Community and Home-Based Care including Transportation

- Very limited funding is available in Virginia for the construction of senior centers. The region could also use funding to expand and improve existing senior centers.
- "Please find the funding to finish the construction our senior center in Abingdon."
- Reimbursement for Medicaid personal care services is not adequate to cover the cost of providing services.
- The General Assembly needs to understand that it is more cost effective to provide care at home than in an institution.
- "People want to be cared for in their own homes."
- "If people can't receive personal care in their homes then they end up going to nursing homes."
- Concerned about the cost of ambulance services which seems to vary according to the day of the week a person needs service.
- "It is costing the state a lot of money to send people to nursing homes instead of helping to keep people at home."
- Virginia needs to provide funding for the development of more adult day care services, especially in rural areas.
- Transportation services are expensive to provide in Southwest Virginia because of the geography and isolation. More than 200 people are on a waiting list for this service.

Other

- "We live in very uncertain times and Virginia doesn't have a comprehensive safety-net system to help protect people in their homes."
- Because of the geography of Southwest Virginia, it is much more time consuming for health care and human services agencies to deliver services to people in their homes.
- Virginia's Area Agencies on Aging are just not receiving sufficient funds to serve the needs of all people.
- Independent nonprofit agencies in Southwest Virginia need more government help to address the needs of low-income citizens.
- Background checks should be conducted on those persons going into the homes of frail, vulnerable people to provide home care.
- Lottery proceeds should go toward helping seniors.
- Virginia should help rural agencies and groups apply for grants.
- No broadband access in this area. Many people cannot access the internet, which would help to counteract the geographical, educational, and social isolation of this region.
- "Are Virginia's elected officials of an age where they are providing care to an aging parent? Are they aware of the issues involved in caregiving?"

- There are people over the age of 100 who are caregivers in this region.

Written Comments:

- One written comment was received.

Other Remarks:

- There is a problem in one of the local housing authorities. Have too many staff who have keys to people's apartments and can enter them without permission. Family members of staff use the handicapped parking spaces.

Virginia Department for the Aging Listening Session
Richmond, Virginia – November 19, 2002
Bon Secours – St. Mary's Hospital
1:00 p.m. – 3:00 p.m.

Listening Panel:

Jay W. DeBoer, J.D., *Commissioner, Virginia Department for the Aging*
Dr. Thelma Bland Watson, *Executive Director, Senior Connections – The Capital Area Agency on Aging*
David Sadowski, *Executive Director, Crater District Area Agency on Aging*
Allyn Gemerek, *President, Bay Aging*

Comments Received:

Budget Cuts
- "Restore funding for basic services and no more budget cuts!"
- "There are people in need of public guardianship services. Funding should be restored to this program and it needs to be expanded."

Affordable Housing, Assisted Living, & Nursing Homes
- There are long waiting lists for basic home repair & modification services.
- "People want to remain in their homes for as long as possible, however, their homes may need rehabilitation or may have accessibility problems. Need more funding for these services."
- Need for better care and oversight of people in assisted living facilities.
- Need staffing rations for assisted living facilities and nursing homes.
- There are no affordable, high quality assisted living facilities in urban areas.
- There should be fines for nursing homes and assisted living facilities that violate licensing regulations.
- Need closer inspections of the food served in assisted living facilities.
- Virginias needs to increase the rate of the Auxiliary Grant for assisted living facilities. Few quality facilities in the Richmond area accept this grant because it is so low. This limits the availability of quality assisted living for low-income persons.
- "There should be strong support for sanctions of nursing homes and assisted living facilities that cannot meet regulations."
- Virginia should regulate the fees charged by assisted living facilities. Low-income persons cannot afford this level of care.

Prescription Drugs and Health Care Issues
- Middle and low-income Virginians can't afford their prescriptions.
- Need affordable prescription drugs.
- Need prescription assistance from the government.
- Drugs should be priced on a sliding fee scale.

- There are a very limited number of geriatric nurse/practitioners. The Medicare and Medicaid reimbursement rates are too low to attract nurses to this field.
- Home health agencies and nursing homes are not able to recruit, train, and retain aids because the government reimbursement rates are too low.
- Home health agencies receive referrals that they can't serve due to a lack of staff. This is due to the low reimbursement rate.
- Increase the reimbursement rate for home health care.
- Need affordable dental care for seniors.

Taxes and Cost of Living

- The rising cost of living means Virginia is providing less Medicaid services than it used to provide.

Volunteerism

- Need to encourage more volunteers to deliver meals to homebound older persons.

Community and Home-Based Care including Transportation

- "It is hard to find a good home care provider under the Medicaid personal care services. Often the provider does not show up and there is no substitute available."
- "There is a need for competition among service providers to provide Medicaid personal care services. This could improve the quality of the care being provided."
- There is a need for additional funding in home repair programs and for additional volunteers willing to make housing repairs.
- "It is less expensive to keep people in their homes rather than place them in nursing homes."
- "The reimbursement rate for Medicaid personal care services is too low to assure quality care. Personal care aids can earn more money at McDonalds."
- Need more funding for Medicaid reimbursed services.
- "Personal care services are the key to someone staying at home. Medicaid reimbursement rate is too low. There are a limited number of nursing assistants who are even willing to work for this rate. The result is that low-income frail older persons fall through the cracks."
- "The most cost effective location to provide services is in people's homes."
- Home care providers need affordable community transportation in order for their aids to be able to get to their clients' homes. The aids often can't afford to own an automobile.
- "There is a need for transportation services in some areas of Sussex County."
- Too many seniors are discharged from the hospital without proper discharge planning to assure that adequate home care services are in place.
- Need additional funding to develop adult day care facilities that are properly staffed.
- Public transportation services not available in some areas of Chesterfield County.

- Virginia needs to provide the funding for the Bay Transit public transportation route to be extended to Richmond.
- Transportation is the key to independence.
- Medicaid transportation services allegedly will not transport people from nursing homes to hospitals and back.
- Need to raise the government reimbursement for home health workers and provide benefits.
- State should make grants available to train home health workers.

Other

- Local agencies and organizations in this region are receiving more calls from people 85 years and older who need help in staying in their homes.
- Client needs have outstripped the local agencies abilities to respond. The results are long waiting lists for critical services.
- "There is a need for more types of centers like the Shepherd's Center in Richmond. The Shepherd's Center is older people doing tasks for older people in need. They don't receive public funding and they provide rides to medical appointments, do some home repairs, make friendly visits and calls, etc."
- There is a need to educate the public about durable powers-of-attorneys and to examine the laws that govern powers-of-attorneys to provide safe guards for those who depend on a power-of-attorney to handle their affairs.
- Virginia needs to put "teeth" into its local Adult Protective Services programs.
- Many people need help with fuel assistance.
- People that may be eligible for Medicaid don't apply because they are afraid they will lose everything….that the government will take their home
- Adult children are often not able to help their parents with long-term care expenses because they are paying high premiums for their own health insurance.
- Family could not find a caregiver for a family member who had a stroke and needed basic assistance with activities of daily living.
- The local Health Department is moving from the City of Emporia to the county, which will cause a tremendous transportation problem when they move.
- The General Assembly needs to fully fund the Virginia Caregivers Grant program operated by the Department of Social Services.

Other Remarks:

- Some states are experimenting with consumer directed services. Commissioner DeBoer asked what those in attendance thought of the idea of having individual accounts set aside for monies that consumers could use as they wish for services.

APPENDIX D: ASSURANCES

LISTING OF STATE PLAN ASSURANCES
OLDER AMERICANS ACT, AS AMENDED IN 2000

Section 305, Organization

(1) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area. **(a)(2)(A)**

(2) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan. **(a)(2)(B)**

(3) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low income minority individuals and older individuals residing in rural areas and include proposed methods of carrying out the preference in the State plan. **(a)(2)(E)**

(4) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16). **(a)(2)(F)**

(5) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas. **(a)(2)(G)(H)**

(6) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. **(c)(5)**

Section 306, Area Plans

(1) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B

to the planning and service area will be expended for the delivery of each of the following categories of services:

(A) Services associated with access to services (transportation, outreach, information and assistance, and case management services);

(B) In home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) Legal assistance.

(2) And assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded. **(a)(2)**

(3) Each area agency on aging shall provide assurances that the area agency on aging will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need, include specific objectives for providing services to low income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the area plan. **(a)(4)(A)(i)**

(4) Each area agency on aging shall provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will:

(A) Specify how the provider intends to satisfy the service needs of low income minority individuals and older individuals residing in rural areas in the area served by the provider;

(B) To the maximum extent feasible, provide services to low income minority individuals and older individuals residing in rural areas in accordance with their need for such services; and

(C) Meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals and older individuals residing in rural areas within the planning and service area. **(a)(4)(ii)**

(5) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall:

(A) Identify the number of low income minority older individuals and older individuals residing in rural areas in the planning and service area;

(B) Describe the methods used to satisfy the service needs of such minority older individuals; and

(C) Provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i). **(a)(4)(A)(iii)**

(6) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) Older individuals residing in rural areas;

(B) Older individuals with greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas);

(C) Older individuals with greatest social need (with particular attention to low income minority individuals and older individuals residing in rural areas);

(D) Older individuals with severe disabilities;

(E) Older individuals with limited English speaking ability; and

(F) Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in (A) through (F), and the caretakers of such individuals, of the availability of such assistance. **(a)(4)(B)**

(7) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas. **(a)(4)(C)**

(8) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities. **(a)(5)**

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title. **(a)(9)**

(10) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including:

(A) Information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including

outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) An assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) An assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans. **(a)(11)**

(11) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships. **(a)(13)(A)**

(12) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency

(A) The identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(B) The nature of such contract or such relationship. **(a)(13)(B)**

(13) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such nongovernmental contracts or such commercial relationships. **(a)(13)(C)**

(14) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such nongovernmental contracts or commercial relationships. **(a)(13)(D)**

(15) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals. **(a)(13)(E)**

(16) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **(a)(14)**

(17) Each area agency on aging shall provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title. **(a)(15)**

Section 307, State Plan

(1) The plan describes the methods used to meet the need for services to older persons residing in rural areas in the fiscal year preceding the first year to which this plan applies. The description is found beginning on page 51 of this plan. **(a)(3)(B)(iii)**

(2) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract. **(a)(7)(A)**

(3) The plan shall provide assurances that:

(A) No individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;

(B) No officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and

(C) Mechanisms are in place to identify and remove conflicts of interest prohibited under this Act. **(a)(7)(B)**

(4) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000. **(a)(9)**

(5) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs. **(a)(10)**

(6) The plan shall provide assurances that area agencies on aging will:

(A) Enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;

(B) Include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(C) Attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis. **(a)(11)(A)**

(7) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services. **(a)(11)(B)**

(8) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; **(a)(11)(D)**.

(9) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination. **(a)(11)(E)**

(10) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for:

(A) Public education to identify and prevent abuse of older individuals;

(B) Receipt of reports of abuse of older individuals;

(C) Active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to

other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) Referral of complaints to law enforcement or public protective service agencies where appropriate. **(a)(12)**

(11) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State. **(a)(13)**

(12) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English speaking ability, then the State will require the area agency on aging for each such planning and service area:

(A) To utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English speaking ability; and

(B) To designate an individual employed by the area agency on aging, or available to such area agency on aging on a fulltime basis, whose responsibilities will include:

i. Taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

ii. Providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences. **(a)(14)**

(13) The plan shall provide assurances that the State agency will require outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on:

(A) Older individuals residing in rural areas;

(B) Older individuals with greatest economic need (with particular attention to low income minority individuals and older individuals residing in rural areas);

(C) Older individuals with greatest social need (with particular attention to low income minority individuals and older individuals residing in rural areas);

(D) Older individuals with severe disabilities;

(E) Older individuals with limited English speaking ability; and

(F) Older individuals with Alzheimer's disease or related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and inform the older individuals referred to in clauses (A) through (F) and the caretakers of such individuals, of the availability of such assistance. **(a)(16)**

(14) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities. **(a)(17)**

(15) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community based, long term care services, pursuant to section 306(a)(7), for older individuals who:

(A) Reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) Are patients in hospitals and are at risk of prolonged institutionalization; or

(C) Are patients in long-term care facilities, but who can return to their homes if community based services are provided to them. **(a)(18)**

(16) The plan shall include the assurances and description required by section 705(a). **(a)(19)**

(17) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services. **(a)(20)**

(18) The plan shall:

(A) Provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) Provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities. **(a)(21)**

(19) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8). **(a)(22)**

(20) The plan shall provide assurances that demonstrable efforts will be made-

(A) To coordinate services provided under this Act with other State services that benefit older individuals; and

(B) To provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at risk youth intervention, juvenile delinquency treatment, and family support programs. **(a)(23)**

(21) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance. **(a)(24)**

(22) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in home services under this title. **(a)(25)**

(23) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title. **(a)(26)**

Section 308, Planning, Coordination, Evaluation, and Administration Of State Plan

(1) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph. **(b)(3)(E)**

Section 705, Additional State Plan Requirements (As Numbered In Statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on

aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3:

(A) In carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for:

i. Public education to identify and prevent elder abuse;

ii. Receipt of reports of elder abuse;

iii. Active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

iv. Referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) The State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) All information gathered in the course of receiving reports and making referrals shall remain confidential except:

i. If all parties to such complaint consent in writing to the release of such information;

ii. If the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

iii. Upon court order.

APPENDIX E: PUBLIC COMMENT

VDA solicited comment from Virginia's 25 AAAs from Friday, March 21, 2003 through Friday, April 25, 2003. AAA comments focused for the most part on the presentation of the demographic data. This section of the Plan was modified based upon the comments.

Next, public comment was solicited beginning Monday, April 28, 2003, and ending Thursday, June 5, 2003, with a Public Hearing in conjunction with the quarterly meeting of the Commonwealth Council on Aging. The Draft Plan was available at the VDA website and promoted through a variety of local and statewide newsletters. Information regarding the public comment period was also mailed to more than 100 individuals and organizations contained on VDA's "interested parties" mailing list.

Written comments were received from 10 organizations concerning the role of SeniorNavigator.com in Virginia's aging network. These organizations included the Chesterfield County Public Library, the Virginia Geriatric Education Center, the Virginia Center on Aging at Virginia Commonwealth University, the County of Henrico, the Library of Virginia, the Office of the State Long-Term Care Ombudsman, the Peninsula Agency on Aging, the Virginia Poverty Law Center, the Health Sciences Library at the University of Virginia, and SeniorNavigator.com. All spoke to the valuable role that SeniorNavigator.com plays in providing information to older citizens and their families as well as health care and human services providers. These were the only written comments received.

Only one individual spoke during the public comment period on June 5th: Ms. Debbie Frett, the Executive Director of SeniorNavigator.com. Ms. Frett provided additional information about the role that the SeniorNavigator.com web site plays in assuring that older Virginians and their families have access to information about health and long-term care services available in the Commonwealth. VDA had already included SeniorNavigator.com in the State Plan in Section IV: State and Community Programs on Aging.